FAMILY Advocacy PROGRAM

DESK GUIDE

FOREWORD

This *FAP Desk Guide* is designed to provide an orientation to the Navy Family Advocacy Program for new case managers. It is intended to be a supplement to DoD and DoN instructions, case management protocols, standard operating procedures (SOPs), administrative supervision, in the overall delivery of FAP case management services.

The *FAP Desk Guide's* purpose is to provide information, ideas and material for FAP case management services at each site. FAP services are crucial in providing support to military members and their families. An effective program should be strategically planned and supported by sufficient staff and resources. The *Desk Guide* is intended to clarify the roles and responsibilities, functions and services of FAP case managers. Information in this *Desk Guide* can assist in the planning, management and evaluation of quality FAP services.

It is your challenge to use the resources referenced and provided in the *FAP Desk Guide* to most effectively serve the military members and their families in your local area. It is recommended that the *FAP Desk Guide* be supplemented with local resources, phone numbers, and related SOPs.

ACKNOWLEDGMENTS

Navy Family Advocacy programs throughout the world provided valuable assistance with the *FAP Desk Guide* project. When PERS-661, Counseling, Advocacy, and Prevention Branch, requested the type and format of information that should be included, the response was both thorough and valuable.

FAP Regional Coordinators, FARs, Supervisors and Case Managers responded to an initial survey and subsequently to a review of the final draft of the *Desk Guide*. Many of their ideas and feedback have been incorporated throughout the *FAP Desk Guide.* Their knowledge and experience has been most valuable in making this *Desk Guide* both accurate and useful. The sites that participated included Family Advocacy Programs in COMNAVDISTRICT Washington, D.C., Hampton Roads, VA, Charleston SC, Patuxent River MD, Bangor WA, Pensacola FL, and Jacksonville FL. Special thanks to Hampton Roads FAP for hosting a site visit.

It is impossible to list all of the individuals who participated. In some instances, surveys were returned anonymously, and in others, supervisors consulted with staff and then responded. We would like to acknowledge the following:

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Maintaining high quality FAP programs is an important component in enhancing the quality of life for service members and their families. Healthy, well-functioning personnel contribute to the successful completion of the Navy mission. This *Desk Guide* is a reflection of the dedicated FAP staff throughout the world who are committed to this goal.

TABLE OF CONTENTS

PART ONE:
Family Advocacy Program: An Overview

1.1 BACKGROUND AND HISTORY

The Navy's Family Advocacy Program (FAP) was established in 1976 in response to a heightened awareness of child maltreatment, concern for the welfare of Navy families and the affects of family dysfunction on military performance. Originally designed to address child abuse and neglect, the program was entitled the Child Advocacy Program and was part of the Bureau of Medicine (BUMED). Expanded in 1979 to include spouse abuse, sexual assault and rape, the program was redesignated the Family Advocacy Program. Sexual assault and rape were subsequently dropped from the program except when included as child or spouse abuse. With the dissemination of OPNAVINST 1752.2A in 1996, FAP moved from a medically managed program (part of BUMED) to a line managed, multi-disciplinary program.

The Navy's FAP is a line-managed program that is located either within the Family Service Center (FSC) or in a FAP Center. Family support programs, the Medical Treatment Facilities and local installations work together to provide Family Advocacy services. Service members and their families can obtain assistance with problems, including family violence, by contacting a Family Service Center, a Medical Treatment Facility or the Family Advocacy Department on their installation.

1.1.1 POLICY AND GUIDANCE

The following instructions and directives provide detailed program policy and guidance to implement an effective FAP Program.

- **Department of Defense Directive 6400.1** (1981, revised 1992): Established guidance for FAP for all military services.
- **SECNAVINST 1752.3A** (signed 1984, revised 1995): Sets Navy policy in the area of family violence.

- **OPNAVINST 1752.2A** (signed 1987, revised 1996): Provides additional implementing information and guidance.

Additional Navy instructions, public laws and letters that impact upon FAP are found in **Appendix A, Family Advocacy Program Elements and Supporting Documentation**. These documents provide guidance on reporting, prevention, intervention and management.

1.2 PURPOSE

The position of the Navy on family violence is clearly stated in ***OPNAVINST 1752.2A***:

"*Spouse and child abuse has a negative effect upon military readiness, effectiveness, and good order and discipline. Accordingly, response to spouse and child abuse is a leadership issue. Commanding officers will undertake a continuous effort to reduce and eliminate child and spouse abuse at every level of the command. When suspected child or spouse abuse by a servicemember comes to the attention of the member's commanding officer, he or she will take prompt action to include holding the member accountable for his or her behavior. Additionally, commanding officers shall undertake measures to prevent further violence to the victim(s), and promote victim safety."*

The Family Advocacy Program (FAP) was implemented to provide the "*continuous effort to reduce and eliminate child and spouse abuse*". It is based on the following assumptions:

- That family violence occurs within all communities, including the Navy community.
- That family maltreatment and abuse interferes with the work performance of the service member and thus with the Navy's mission.
- That family maltreatment is incompatible with the high standards of professional and personal discipline expected of Navy members.
- That most offenders are able to be rehabilitated.
- That victims and families benefit when the offender is placed in treatment and available to participate in the family's rehabilitation.
- That offenders must be held accountable for their behavior and that swift and certain intervention is an effective deterrent.
- That rehabilitation of a valued service member is beneficial to the Navy.

FAP's purpose is to address the prevention, identification, evaluation, intervention, rehabilitation/behavioral education and counseling, follow-up and reporting of:

- Child Abuse (physical, sexual and emotional) and Neglect
- Spouse Abuse (physical and emotional)

FAP emphasizes a collaborative approach by the military and civilian communities to effectively intervene and to prevent the occurrence or recurrence of violence.

1.3 GOALS IN RELATION TO THE NAVY'S MISSION

As stated in ***SECNAVINST 1752.3A*** the five primary goals of FAP are:

1. **Prevention**: Prevention is the primary goal. It is more cost-effective than intervention. As patterns of abuse become entrenched they become harder to change. In support of prevention efforts are the components of education, awareness, reporting, training and counseling. These components focus on preventing abuse and restoring affected families to a healthy, non-violent status.
2. **Victim Safety and Protection**: The focus is to ensure access to protection, care, support and case management. Cases of child and spouse abuse should be identified promptly and provided early intervention.
3. **Offender Accountability**: An offender must be held accountable. Disciplinary action is at the discretion of the command.
4. **Rehabilitative Education and Counseling**: Access to rehabilitation for an offender is not a right but can be an important link in protecting victims and preventing future abuse. Counseling is available to eligible offenders and victims.
5. **Community Accountability/Responsibility**: Ensure that responders are trained to appropriately respond to family violence.

The implementation of programs to meet these goals and reduce family violence is directly related to the Navy's mission. Effective prevention and intervention in family violence enhances a service member's military performance and increases the efficient functioning and morale of military units. Family maltreatment is incompatible with the high standards of professional and personal conduct expected of Navy members.

1.4 FAP PROGRAM STRUCTURE

FAP is a line-managed, multi-disciplinary program requiring support and cooperation by all DoN commands, responding agencies and personnel (***SECNAVINST 1752.3A*****).**

- Each Installation Commander/Regional Line Coordinator is responsible for overall implementation and management of FAP.
- Each command is responsible for implementing FAP policies and procedures within the command.
- Family Advocacy is a leadership issue and each service member is responsible for ensuring the health and safety of family members.

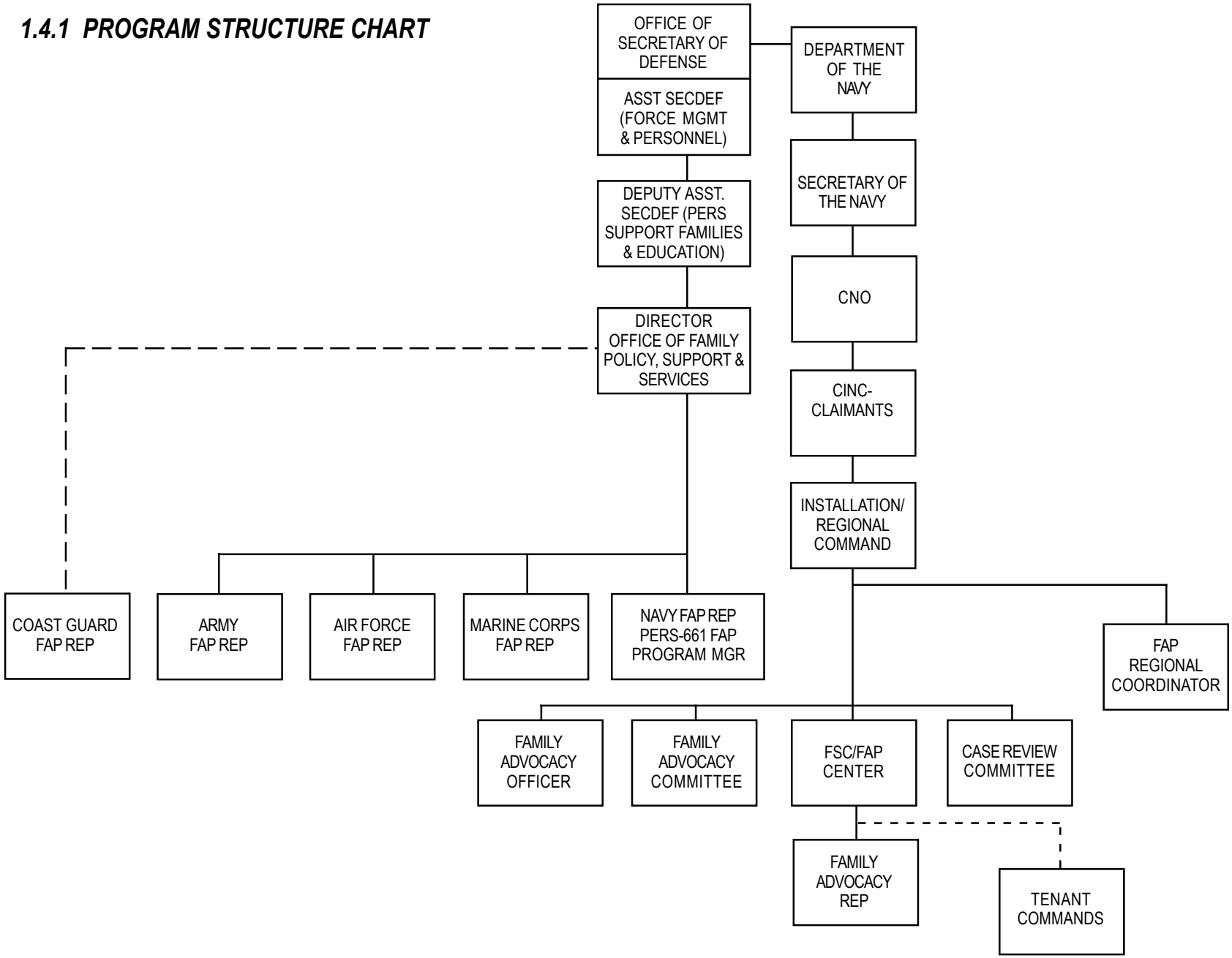
A comprehensive FAP requires prevention, education and training efforts to make all personnel aware of the scope of child and spouse abuse problems and to facilitate cooperative efforts. The following elements should be included in FAP **(*Reference: DoD6400.1 Family Advocacy Program)*:**

1. **Prevention**: Prevention includes all efforts to prevent child and spouse abuse including information and education about the general issues involved in abuse. All military members and their families should be aware of abuse issues and of the resources available to assist them. Family Service Centers take the lead role in FAP prevention efforts and it is through the efforts of each command that this information is disseminated.
2. **Direct Services**: These include diagnosis, treatment, rehabilitation and follow-up services directed toward victims, offenders, and their families. These services are provided by Family Advocacy, Family Service Centers, Medical Treatment Facilities and other military and civilian resources.
3. **Administration**: This includes services, logistical support, documentation, etc. needed to run FAP effectively and efficiently.
4. **Evaluation**: In order for FAP to be a quality program it is necessary to conduct needs assessments, program evaluation, research, etc. FAP and FSC quality standards have been written to address this.

1.4.1 PROGRAM STRUCTURE CHART

To fully understand the scope of FAP, it is helpful to know where FAP fits into the overall Department of the Navy (DoN) structure. The following chart depicts the structure of FAP from the Secretary of Defense to the local installation. In some locations structure may differ. This chart depicts the usual structure but there are exceptions. ***Information on FAP's "key players" is found in Part 4.***

1.4.1 PROGRAM STRUCTURE CHART



1.5 FAP ACRONYMS

Following is a list of acronyms commonly used in the Family Advocacy Program. Familiarity with these acronyms is needed to fully understand FAP.

BUMED	The Navy's Bureau of Medicine
CDC	Child Development Center
CMS	Case Management System
CONUS	Continental United States
CPS	Child Protective Services
CRC	Case Review Committee
CSA	Child Sexual Abuse
DoD	Department of Defense
DoN	Department of the Navy
FAC	Family Advocacy Committee
FAD	Family Advocacy Department
FAO	Family Advocacy Officer
FAP	Family Advocacy Program
FAR	Family Advocacy Representative
FCC	Family Child Care
FINS	Family in Need of Services
FSC	Family Service Center
I&R	Information & Referral
IAW	In Accordance With
MOU	Memorandum of Understanding
MPO	Military Protective Order
MRO	Military Removal Order
MTF	Military Treatment Facility
NCIS	Naval Criminal Investigative Services
NPS	New Parent Support Program
OCONUS	Outside of the Continental United States
OPNAV	from the Chief of Naval Operations
PERS	Navy Personnel Command (formerly BUPERS)
POC	Point of Contact
RCSART	Regional Child Sexual Abuse Response Team
SECNAV	Secretary of the Navy
SJA	Staff Judge Advocate
UCMJ	Uniform Code of Military Justice
VSS	Victim Services Specialist

PART TWO:
Clinical Case Management

Clinical case management is defined as a process for the efficient management of client case information that maintains organizational quality control and clinical accountability. The provision of clinical case management ensures that clients receive the highest caliber and quality of clinical services available. Clinical case management is based on:

1. Effective assessment
2. Recommendations to promote client safety
3. Utilization of client assets
4. Offender accountability
5. Determination of best interventions

It is the intent of FAP to protect victims of family violence from future abuse. Clinical case management, using the risk assessment model, provides a framework for assessing both current and future risk.

A Navy Risk Assessment Model (NRAM) was developed in the mid '90's in response to both current thinking on "best practice" in the field of abuse and neglect and to ensure the implementation of quality assurance standards for FAP. The model was designed to enhance the consistency and quality of decision-making within FAP. Its intent is to focus, reframe and replace the traditional psychosocial assessment.

The NRAM assists FAP staff and the Case Review Committee (CRC) in making decisions regarding case acceptance, immediacy of the response required, level of assessment required, treatment and intervention planning. The NRAM consists of a mission statement and three risk assessment tools: the incident report and eligibility

screen, safety assessment/safety response, and the risk assessment matrix. Notification protocols and reporting to the Navy's Central Registry for Child and Spouse Abuse Incidents are also part of the FAP case management system.

In addition to assessment, intervention and treatment, clinical case management includes the following essential components:

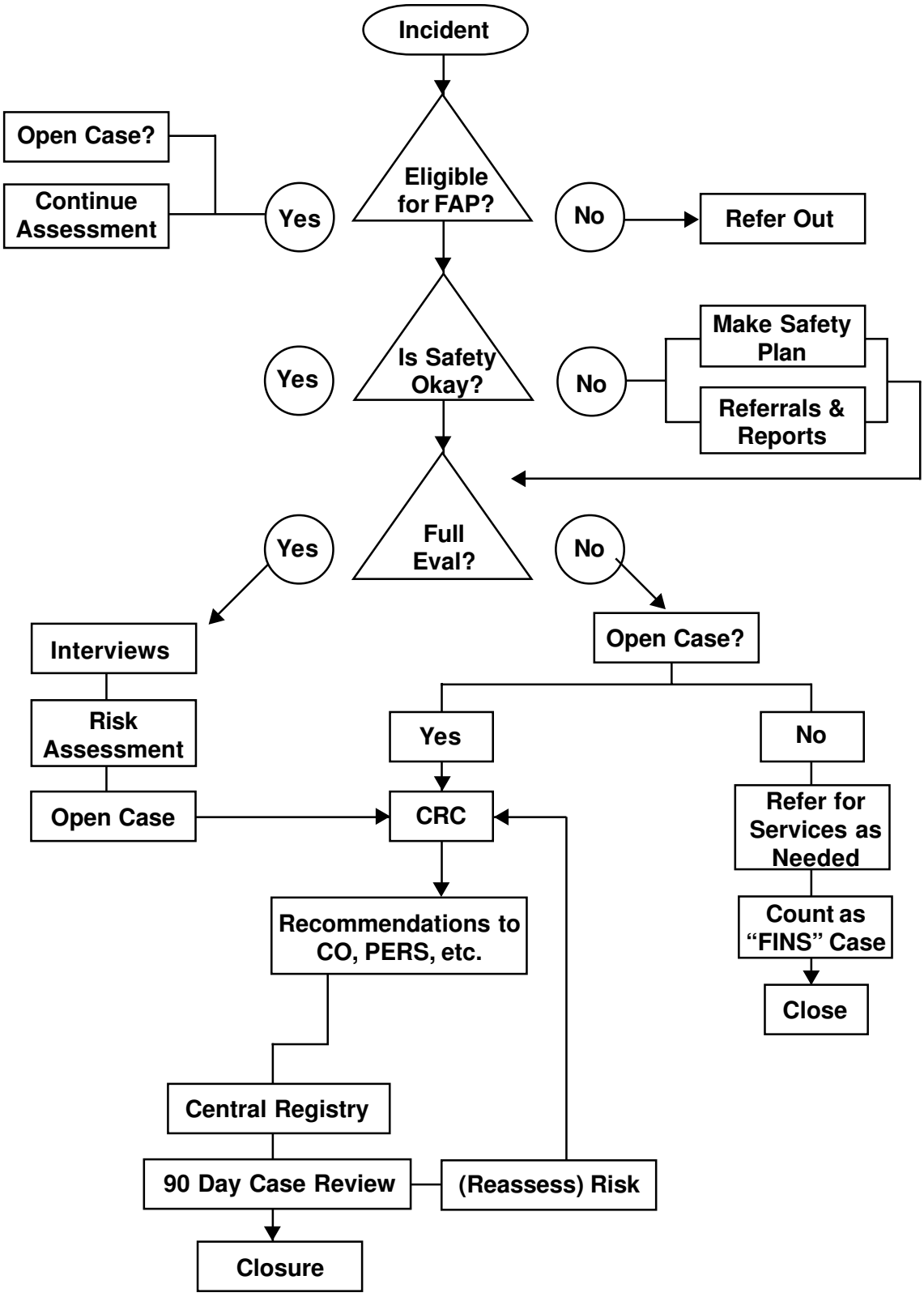
1. Effective coordination of available community resources
2. Follow-up with referral sources
3. Tracking of case progress
4. Completion and maintenance of forms, reports, and records
5. Documentation of case closure or transfer

References for clinical case management include: *Navy Risk Assessment Project Handbooks, OPNAVINST 1752.2A, SECNAVINST 1752.3A*

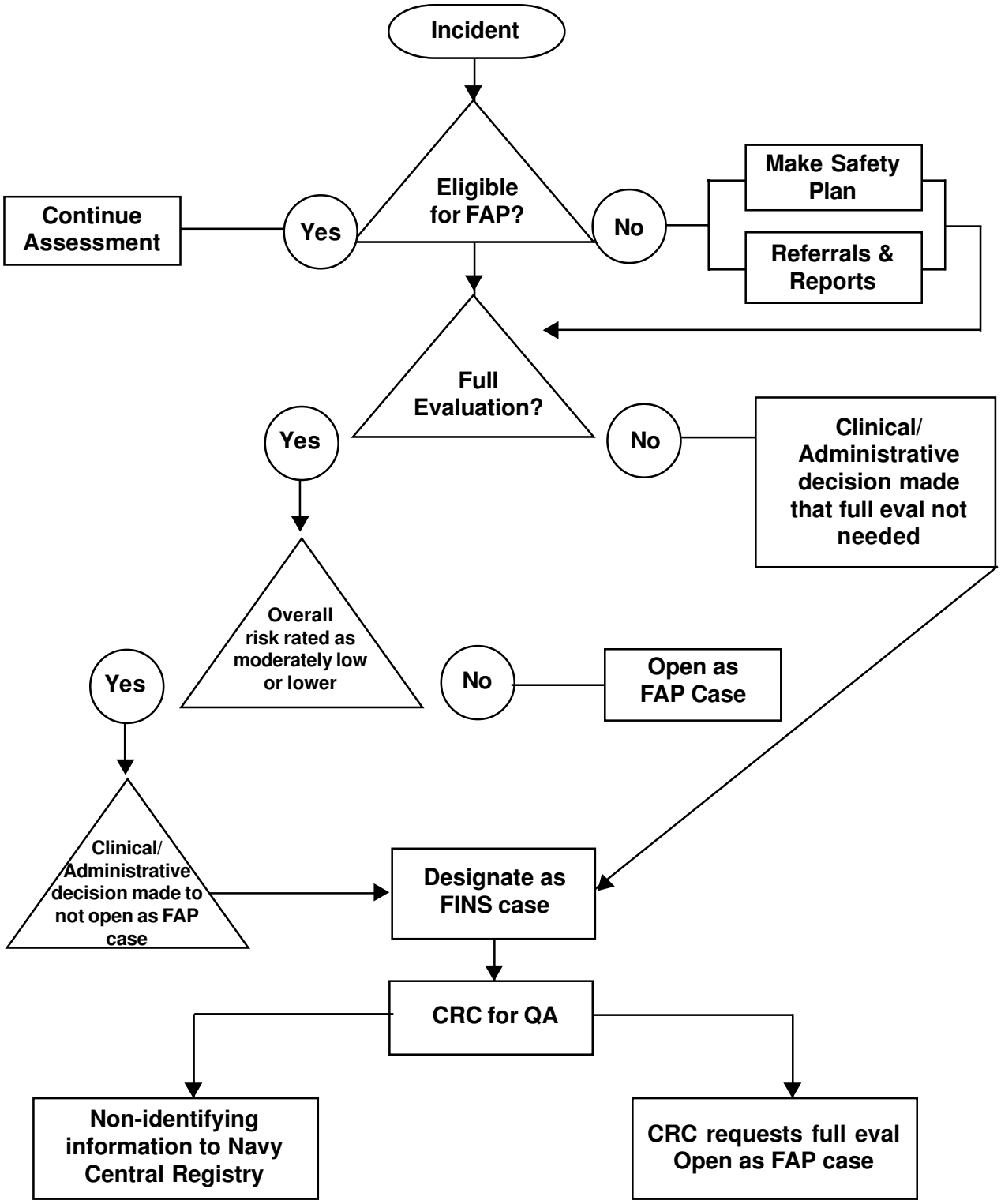
2.1 DECISION MAKING TREE AND CASE FLOW CHARTS

The following charts illustrate the typical FAP cases and their process from opening through closing. The decision making tree was developed as part of the Risk Assessment Modules. It illustrates the "life" of a typical FAP case and highlights the points at which decisions are made. The decision making tree for FINS cases tracks the decisions made in a FINS case. The following case flow charts for domestic violence/spouse abuse and child abuse are based on the charts found in the CRC Kit, Program References Binder, Section 4, Decision-Making Aids. The flow chart for child sexual abuse cases is found in Section 2.5.1.

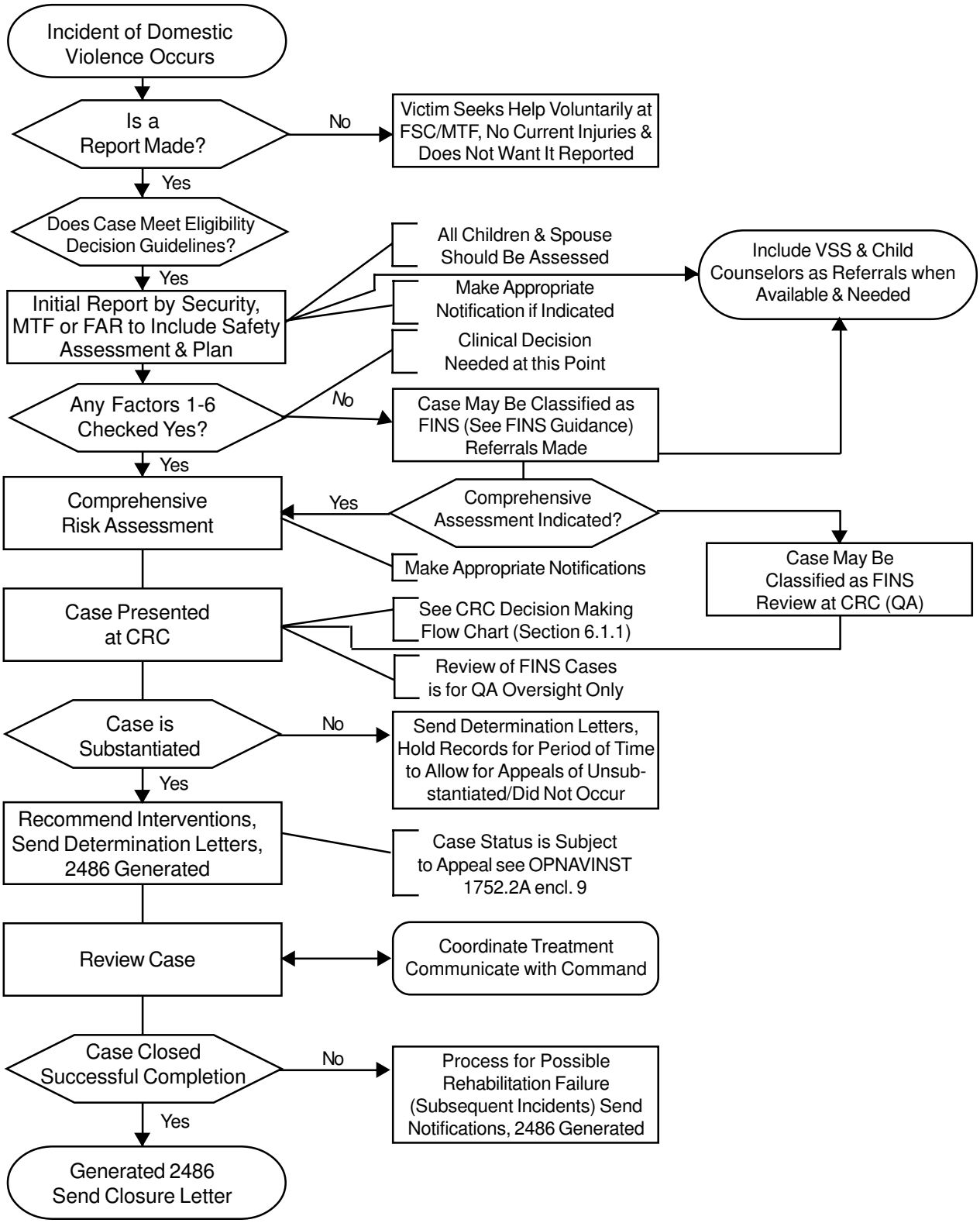
2.1.1 DECISION MAKING TREE



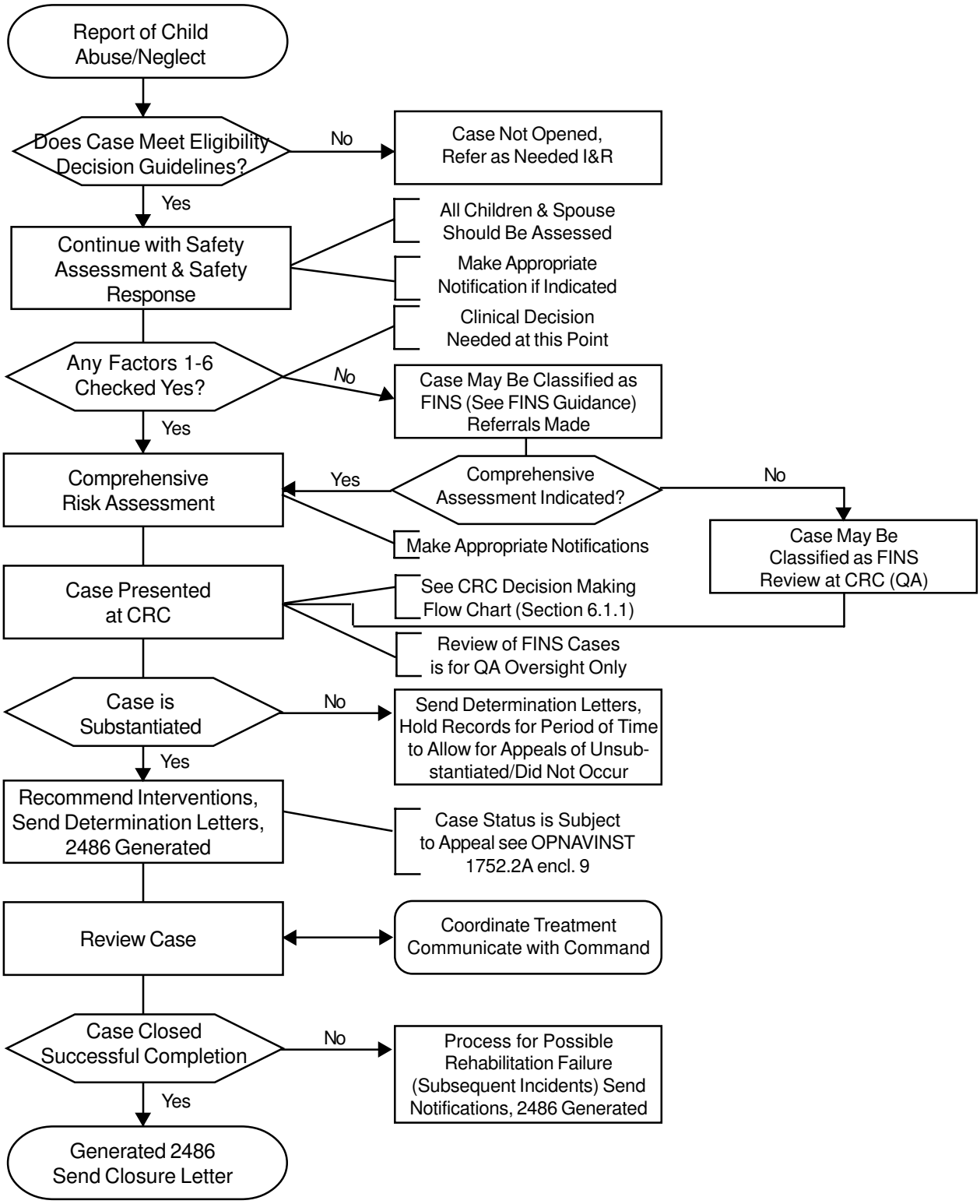
2.1.2 DECISION MAKING TREE - FINS CASES



2.1.3 DOMESTIC VIOLENCE/SPOUSE ABUSE FLOW CHART



2.1.4 CASE FLOW CHART – CHILD ABUSE



2.2 INTAKE SCREENING AND ASSESSMENT

The initial screening is conducted by FAP to determine eligibility and the appropriateness of the referral for FAP services. This is the first step in the assessment process and is an integral part of safety planning, crisis intervention and intervention planning. Only with proper screening can the appropriate decisions be made regarding initial safety and problem resolution. The purpose of intake screening is:

- To develop a clear picture of the client's situation and needs.
- To assure that clients who are best served by FAP are connected to the most appropriate program or service quickly.
- To assure that clients who can be well served by other agencies are appropriately referred.
- To assess immediate safety needs.
- To provide informational support for referrals.
- To handle all client contacts in a manner that will encourage clients to use FAP services and to refer other individuals to FAP for assistance.

Initial screening consists of:

1. Determining eligibility
2. Obtaining demographics and information regarding the incident
3. Conducting a safety assessment

2.2.1 ELIGIBILITY

Eligibility for FAP services is discussed in Part 3.2. To be eligible the following must be considered:

- Whether the client is a military medical beneficiary or eligible civilian (e.g. OCONUS DoD employee)
- Whether there is a current allegation of abuse or neglect (including whether the situation is one of partner abuse)
- Whether there is an imminent risk of harm

Before determining eligibility, the worker will have obtained information regarding the incident (see 2.2.2.2). If the client is not eligible for FAP services, the case will be handled as Information and Referral (I&R). The reporting and/or involved parties will be provided relevant information or referrals. This is noted on the INCIDENT REPORT form in the section, Case Status Decision. An I&R is not considered a FAP case and is noted in the FAP log book as "case not opened – Information and Referral".

2.2.1.1 PARTNER ABUSE SCREENING

Domestic violence incidents can involve parties who are not married, but who show a relationship pattern. This "intimate partner abuse" refers to couples who are living together or, if not living together, show a relationship pattern (e.g., living together "on and off" for a period of time, share a child together, recently divorced).

In all cases of domestic violence, regardless of marital status, first responders (e.g., base security) will do a risk assessment and safety plan, and refer the case to FAP. FAP staff will treat these referrals the same as alleged spouse abuse in terms of initial screening, safety assessment, required notifications and other case processing. Non-eligible victims may be interviewed for informational and safety planning purposes and will be referred to appropriate community services. Cases of intimate partner abuse that are assessed, using the NRAM, to be at moderate or higher risk will be presented to the Case Review Committee for determination and recommendations.

2.2.2 REQUIRED FORMS AND PROCEDURES

2.2.2.1 FORMS

The forms required to be completed as part of the initial screening process are:

1. Incident Report/Eligibility Decision (NAVPERS 1752/2, 1-97)
2. Demographics (NAVPERS 1752/3, 1-97)
3. Safety Assessment (NAVPERS 1752/4, 1-97)
4. Safety Response (NAVPERS 1752/5, 1-97)
5. Case Notes (for use if further documentation is necessary on the above forms, after they have been electronically signed in the automated Case Management System (CMS)) (NAVPERS 1752/10, 1-97)

These forms are part of the FAP CMS. The sample forms presented throughout this desk guide contain the same content as those the case manager brings up on their computer screen. The "view" is different, as this desk guide does not precisely capture the screen image.

Following are copies of the above-listed forms. To create a new FAP record open the CMS database, open "individual forms" and click on "create incident report". The database will create the fields for incident and demographics forms and return you to the main menu. Further information on the completion of CMS forms is found in the following sections. Specifics on how to use the CMS are contained in the FAP CMS User's Guide.

INCIDENT REPORT

Case Name: **Case #:**

Date Reported: Date Incident Occurred:

Reported By (person): Phone# of Reporter:

Organization: Type of Report: New Incident

Type of Abuse Reported:

- ❑ Physical Abuse
- ❑ Emotional Abuse
- ❑ Sexual Abuse
- ❑ Neglect
- ❑ Medical Neglect

Description of Incident

Be as specific as possible: note injuries, what led to abusive incident; include victim/witness statement.

Describe Incident:

Eligibility Decision

Is victim or alleged offender entitled to military medical care?

Is there imminent risk of harm to victim?
OR
A current allegation of child/spouse/partner physical abuse, emotional abuse, neglect or child sexual abuse?

If both "YES", decide whether or not to open FAP case and continue with "Safety Assessment"

If any "NO" responses marked, referral inappropriate for FAP. Do not open a FAP case. Provide basic assistance, e.g., telephonic consult, facilitate referral to the FSC or other agency as needed, etc.

Case Status Decision

Decision:

Case Name: Case Number:

Signature: Date Signed:

DEMOGRAPHICS

I. Victim Information

SSN:
Name:
Cadency Name:
Relationship to Alleged Primary Offender:

Gender:
Race/Ethnicity:
Marital Status:
Home Address:

Date of Birth:
Disability:

Installation:
Home Phone:
School:

Housing Area:
Work Phone:
Grade:

II. Sponsor Information

SSN:
Name:
Cadency Name
Sponsor is:
Relationship to Victim:

Gender:
Race/Ethnicity:
Marital Status:
Dual Military Marriage:

Home Street:

Date of Birth:

Marriage Date:

Installation:
Home Phone:

Service Status:

Branch of Service:
Pay Code:
PRD Date:
Command:
Commanding Officer:
Command POC:

Housing Area:
Work Phone:

Uniformed Service
Component Type:
Rate:
Pay Ordinal Identifier:
EAOS Date:

CO Work Phone:
POC Work Phone:

(Continued)

IV. Family Information

List Other Family or Household Members

Name	DOB	Location	Relationship to Victim

SAFETY ASSESSMENT

Assessment Factors

Using the 13 safety assessment factors listed below, determine imminent risk or harm, immediacy of response required and interventions to be initiated or maintained in order to ensure the safety of the victim or victims. Check "YES" if factor present; "NO" if factor not present; "UNKNOWN" if unknown.

1. Dangerous acts committed.
2. Alleged offender has access to victim and there is imminent risk to the victim without immediate intervention.
3. Use of a weapon or object used as weapon.
4. Threats of serious harm to self or others.
5. Significant abuse related harm.
6. Failure to meet basic needs (food, clothing, shelter, supervision, etc.) which places the victim at risk for potentially serious harm.
7. Victim particularly vulnerable due to age, pregnancy, disability, etc.
8. Alleged offender has a pattern of abusive behavior.
9. Prior FAP reports and/or CPS reports.
10. Use of alcohol/drug significantly increases the risk of harm.
11. Fear of caretaker or spouse expressed.
12. Non-protective or uncooperative non-offending parent.
13. Other (specify)

Any factors 1-6 checked "YES"	Immediate response required Full assessment required unless otherwise indicated
Only factors 7-13 marked "YES"	Use to prioritize response time and level of assessment Provide rationale for level of assessment needed
No factors marked "YES"	Low level of interventions are suggested

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For all safety factors marked "YES" or "UNKNOWN", note the number and behaviors, conditions and/or circumstances associated with the factor.

Case Status Decision

Decision:

Case Name: Case Number:

Signature: Date Signed:

SAFETY RESPONSE

Safety Actions

Check all actions taken or immediately planned by you or anyone else to ensure the safety of each victim. If a victim or perpetrator is now out of the home due to a safety response, identify their current location.

Notifications

Action	Date and Initial	Contact/ Comments	POC Phone

Command Action

Action	Date and Initial	Contact/ Comments	POC Phone

Safety Interventions

Action	Date and Initial	Contact/ Comments	POC Phone

Police Reports

Action	Date and Initial	Contact/ Comments	POC Phone

(Continued)

Referrals

Action	Date and Initial	Contact/ Comments	POC Phone

Counseling Services

Action	Date and Initial	Contact/ Comments	POC Phone

Current Location of Victim:
Current Location of Offender:

Case Name: Case Number:

Signature: Date Signed:

CASE NOTES

Related to:

Date:

Notes:

Put any case notes here. May also attach other documents if desired.

Case Name:

Case Number:

Signature:

Date Signed:

2.2.2.2 PROCEDURES

It is critical during the initial screening to acquire sufficient information about the client's situation to make an appropriate assessment of safety, risk and needs. In some cases, (e.g., a family member victim), you may not have another opportunity to interview the client. To complete a comprehensive intake report, the worker will do the following:

1. **Obtain demographics:**
   Demographic information is documented on the DEMOGRAPHICS form. The worker should fill it in as completely as possible using information from all sources, i.e. the victim, the sponsor, information sheets, medical records, etc. Separate demographic forms are used for additional victims/offenders. The worker should make every effort to obtain the social security numbers of both victims and alleged offenders. Identifying information (SSN) for the victim or offender is required to submit a Central Registry Report. Falsifying this information, using the sponsor's SSN (if the sponsor is not the victim or alleged offender), or creating a "dummy" number is STRICTLY PROHIBITED.

2. **Obtain information regarding the allegation:**
   As the majority of referrals come to FAP through a third party report, information is gathered by reviewing written reports and interviewing (by phone or in person) the referent and/or the victim and/or the alleged offender.

In gathering information relating to the allegation, the INCIDENT REPORT form is completed. The incident description should be detailed and specific to the allegation. Consider the following information when writing the description of the incident.

- The type of abuse: physical, emotional, sexual or neglect.
- Who did the abuse: Who abused whom? Did the victim retaliate or defend him/herself?
- Description of the abuse: Include the method (how and with what), the intensity (number of times), the duration and the severity. Note when the incident occurred.
- Are there injuries: Note the location and severity of any injury to both parties. Were the injuries medically evaluated?
- What led up to the incident: Describe the circumstances under which the incident occurred.
- Witnesses: Be sure to include whether the children were witnesses.
- Statements from the victim(s)/witness(es)

At this point the eligibility/case status decision is made and the case is either closed as

I&R, or the assessment continues.

3. **Assess the degree of immediate danger:**
   The worker determines if the alleged victim is in imminent danger. Safety planning services should be provided as needed (see 2.2.3, Safety Assessment).

4. **Make appropriate notifications:**
   - Notify the command's FAP point of contact if indicated (see Section 3.3.3 FAP Reporting Requirements). If it is a dual-career Navy couple, both commands should be informed and made aware that it is a dual-career situation. In some instances, the family may be dual-military, with one client in the Navy and the other in a different branch of the military. Again, both commands should be made aware. Contact with the other Family Advocacy Program is essential so that case management can be coordinated.
   - Notify CPS within one working day, for all suspected child abuse/neglect cases
   - Notify Naval Criminal Investigative Service (NCIS) in all cases of child sexual abuse and serious child/spouse physical abuse.

   Note: In all felony level cases (sexual abuse and all severe physical abuse) the case manager will coordinate with NCIS prior to interviewing the alleged offender. This ensures that no interference occurs with criminal/administrative investigations.

   - Notify PERS-661 in child sexual abuse cases and in all cases of fatal abuse, even if FAP was not involved with the family prior to the fatality.

2.2.3 SAFETY ASSESSMENT

SECNAVINST 1752.3A states that in incidents of family violence, victim safety is the primary focus. The following must be ensured:

1. Victims have access to protection, care, support, case management and rehabilitation
2. Victims are not re-victimized through inadequate or negative interventions
3. A safety assessment is completed within 24 hours (one working day)

Law enforcement and commands are obligated to provide reasonable safety and protection for victims (SECNAVINST 1752.3A). FAP assists with the risk assessment and safety planning, but commands must take reasonable actions such as issuing a

Military Protective Order (MPO), restricting an alleged offender to ship, barracks, etc.

A safety assessment completed by FAP is intended to evaluate the current situation. It provides a basis to decide whether a FAP case should be opened, the priority of the case and the intensity of intervention needed. If the life and/or health of the victim is in imminent danger, actions must be taken to ensure the safety of the victim.

2.2.3.1 THE SAFETY ASSESSMENT FORM

The CMS generates the Safety Assessment Form and the Safety Response Form at the same time. These can be worked on simultaneously.

The Safety Assessment Form is designed to help determine:
- The degree of severity and imminent risk of harm
- The immediacy of the response required
- The extent of involvement required
- Safety planning including interventions needed to ensure safety

The Safety Response Form:
- Documents all safety planning done with the victim
- Lists all safety actions taken or immediately planned by the case manager or anyone else
- Enables the case manager to review, item by item, actions taken to help ensure the safety of the victim
- Notes the location of both the victim and offender

The worker completes the Safety Assessment Form using all available records and contacts, including collateral contacts. There is a yes/no checklist with additional lines to detail and/or explain the assessment. All entries must be signed and dated.
There are 13 items on the yes/no checklist.

A description of each item follows and should be used in conjunction with Module II, Risk Assessment Project Handbook, pages 19-21.

1. **Dangerous Acts:** Liability or exposure to serious harm or injury, risk or peril; behavior of the alleged offender which results, or could result in, major physical

injury to the victim. Major physical injury includes brain damage, skull fracture, subdural hemorrhage or hematoma, bone fracture, dislocations, sprain, internal injury, poisoning, burn, scald, severe cut, laceration, bruise or welt, or any combination thereof, which constitutes a substantial risk to the life or well-being of the victim.

2. **Imminent Harm:** Alleged offender has access to the victim and there is imminent harm to the victim without immediate intervention.

3. **Weapons:** Weapons are defined as guns, knives, baseball bats, cars, or other implements which, when used as weapons, could cause lethal harm. In cases of domestic violence, the presence of a gun in the home represents increased risk and is answered affirmatively. Actual use of a gun is not necessary to answer yes in domestic violence cases.

5. **Significant abuse-related harm:** Includes: (1) Extensive physical injuries such as death, brain damage or skull fracture, subdural hemorrhage or hematoma, bone fracture, dislocation or sprain, internal injury, poisoning, burn or scald, severe cut or laceration, other physical injury that seriously impairs the health or physical well-being of the victim (NOTE: Seek emergency medical evaluation if this is endorsed and has not occurred.) (2) Serious emotional trauma that requires emergent psychiatric assessment.

6. **Failure to meet basic needs:** Includes lack of supervision of minors, and failure to provide family members food, shelter, and/or clothing such that **serious harm may occur.** (TIP: Refer to neglect-related examples in Domain I, Dangerous Acts, that are considered of moderately high to high risk for examples of neglectful acts that should be endorsed affirmatively.)

7. **Victim Vulnerability:** Refers to all victims in the situation. Endorsed affirmatively if there are any child victims under the age of 6 (11 in child sexual abuse cases) or any victim is physically, mentally, emotionally disabled or especially unable to project him or herself. In the case of domestic violence, pregnant victims or those who are attempting to leave the relationship are endorsed affirmatively.

8. **Alleged offender has pattern of abusive behavior:** This refers to a pattern of abusive or assaultive behavior to persons inside and outside the family, as well as the alleged offender's lack of acknowledgment of the problem.

9. **Prior FAP and/or CPS reports:** Based upon Navy Central Registry, local and CPS record check. This generally refers to substantiated reports, although numerous unsubstantiated reports and other self-admitted history is of note.

10. **Use of drugs or alcohol significantly increases the risk of harm:** Includes use/abuse by any of the parties involved, particularly during violent episodes. Endorsement (both situationally and chronically) regarding any family members signals increased risk.
11. **Fear of caretaker/spouse expressed:** Note both verbal and nonverbal expressions in children.
12. **Non-protective/uncooperative non-offending parent:** Is the person intervening to protect the child?
13. **Note any factors judged to be of importance with regard to immediate safety.**

After completing the safety assessment checklist, the case manager uses his/her knowledge and professional judgment to determine whether to open a FAP case and continue the assessment, or manage as a FINS (Family in Need of Services) case (see Section 2.3). ***Note:*** FINS cases go to the CRC for Quality Assurance Review.

If any of the first six safety factors are indicated, an immediate response (**within one working day**) and full assessment are required. If only factors 7-13 are present, the safety assessment is used to prioritize response time and level of assessment. If no factors are indicated, no immediate response is required and low level interventions are suggested. Whatever the determination, a safety response and safety plan should be discussed with the victim.

Note: After completing the safety assessment, or perhaps earlier in the course of the interview, it may become apparent that this is a subsequent incident; that the case is open. A subsequent incident is an incident in an open case involving the same victim. The information is incorporated into the open FAP case, even if the subsequent incident is of low severity and risk.

2.2.3.2 SAFETY PLANNING

If the victim is in danger, i.e., spouse abuse case with risk of injury, the following should be considered:

1. Notify the command immediately and request a Military Protective Order (see Section 2.2.3.3.), and confinement of the alleged military offender to ship or base.

Removal of the offender is preferable to removal of a victim. Debarment of civilian offenders from an installation can be accomplished by the installation commanding officer.

2. Refer the spouse abuse victim to a shelter or make arrangements for a victim to stay in a safe location as necessary and appropriate.
3. Provide additional information and referral services as indicated. These referrals may include, but are not limited to:

   - **Victim Services Specialist (VSS):** Although not available at all Navy installations, these individuals provide information, assistance and act as an advocate for victims. In the Navy, VSS typically provide assistance to domestic violence victims, although nothing specifically prohibits them from assisting child victims. If VSS are not available through the military, referral to a civilian victim assistance program is recommended. If the victim refuses a referral to the VSS the reason for the referral should be clearly documented in the case record.
   - **Child Counselor:** Many FAP sites have child counselors specifically trained to work with children who are the victims of or have been exposed to violence.

     Note: If a child is being interviewed by another agency such as a private therapist, law enforcement or CPS, a referral to the Child Counselor may be appropriate for treatment services until after the assessment has been completed and coordination with all involved agencies has occurred. To avoid further trauma to the child, the number of interviews must be minimized.
   - **Legal resources,** i.e. Navy Legal Services or civilian services.
   - **Mental health/counseling agencies and practitioners**

2.2.3.3 ELEMENTS OF A SAFETY PLAN

A safety plan is designed to give a victim (most often the woman) and the children options for finding safety when they are living with domestic violence. It is best to consider the options and create a personal safety plan before a violent incident occurs. However, most victims do not present for help until there have been one or more violent incidents.

When working with a spouse abuse incident, the following items should be discussed. All are critical elements in safety planning for the victim.

1. Assist the client in formulating a safety plan. This plan should be confidential. The elements of this plan are discussed in the next section.
2. Provide information on obtaining a military protective order (see 2.2.2.3) or a civilian restraining order.
3. Help the client identify the danger signs: what triggering events/signs are present prior to the abusive incidents.
4. Identify and discuss family/community support systems available to the client.
5. Explain FAP procedures including scheduling of interviews and limits of confidentiality. Warn the client that FAP or police intervention may escalate the abuse.
6. Share the following information with the client:
   - Resource list of domestic violence services. Include name, address and phone number
   - Information on domestic violence treatment groups
   - TRICARE information

2.2.3.2.2 SAFETY PLANNING HANDOUT

The following contains items to consider when creating a personal safety plan and can be given directly to the victim. The information found in the sample Victim Information Sheet (OPNAVINST 1752.2A, enclosure 2) is incorporated into this handout.

DOMESTIC • VIOLENCE • SAFETY • PLANNING

Contact the National Hotline: 1-800-799-SAFE or
Contact your state Family Violence Hotline: _____ to discuss options

Plan escape routes from your house:

- Do not let the batterer trap you in the kitchen or bathroom (too may hard surfaces and potential weapons) or in any room where there are guns or other weapons

Plan for a safe place to go after you leave. Have more than one option. Consider:

- A domestic violence shelter
- A friend or relative's home where your partner will not look
- A police or fire station
- A hospital
- In the interim, any public place that is well-lighted and open, such as a restaurant or mall

Have transportation plans:

- An extra set of car keys should be hidden
- Have the telephone numbers of friends or relatives who can provide transportation to you in an emergency

Have the following items ready to be used if you leave:

- Emergency money: any extra money you can put aside, your checkbook and credit cards
- Important documents: birth certificates, social security cards, marriage license, insurance information, legal papers, bank account information, school and immunization records. You may wish to keep copies of these with a friend or relative
- Important phone numbers: telephone numbers of family, friends, doctors, shelters, etc
- Extra clothing: if possible, have extra clothing stored where your partner will not find it.

Safety plan with your children ahead of time:

- Teach children to phone the police when or before violence begins
- Talk to them about staying together, going to their room or to a neighbor's during an abusive incident.
- Be sure they also know how to escape if necessary and to go with you if you leave
- BE CAREFUL how much you tell your children as they may tell your partner. Young children may have trouble understanding that they can not tell

REHEARSE YOUR PLAN: Know what to do and how to do it

KEEP YOUR PLAN FLEXIBLE: You may not be able to carry it out exactly as planned

Assistance available to you is included on the sheet: DOMESTIC VIOLENCE ASSISTANCE

(This space is for FAP address, phone, etc)

SAMPLE FORM (Adapted from information provided by various FAP sites)

DOMESTIC VIOLENCE ASSISTANCE

You have been identified as a possible victim of abuse. The allegations involving you have been referred to the Family Advocacy Program (FAP). Fap is designed to assist service members and their families who are experiencing difficulties as a result of alleged abuse incidents.

FAP: Your point of contact at FAP is _____*(case manger)*_____ and can be reached at *(phone).* Fap is located at_____*(address)*_____

Either your FAP case manager or a Victim Services Specialist (your case manager will refer you) can assist you with information on the following:

- **Military Protective Order/Civilian Restraining Order:** A Military Protective Order is issued by the service member's command and directs him/her not to contact you and to stay way from your home, work, etc.
- **Transitional Compensation and Victim/Spouse Compensation:** These are monetary assistance programs which may be available to victims when the service member is discharged from the Navy due to abuse of a family member. Call _____*(phone)*_____ for further information.
- **Safe house/shelters:** These provide temporary, emergency shelter for you and your children. Call the following numbers for information:

  Shelter Name ..... *Phone Number* .....

  Shelter Name ..... *Phone Number* .....

  Shelter Name ..... *Phone Number* .....

  •Counseling services: Counseling is available for you and your children through both military and civilian resources. Contact the following for information:

  Resource ..... *Phone Number* .....

  Resource ..... *Phone Number* .....

  Resource ..... *Phone Number* .....

  •Groups for Battered Women: These groups provide support and/or treatment for victims. Contact the following for information:

  Resource ..... *Phone Number* .....

  Resource ..... *Phone Number* .....

Additional assistance is available through:

- **Navy Legal Services:** Navy Legal Services is located at _____(*address)*_____ Information about going to court, separation and divorce, financial support, etc. can be obtained by calling them at *(phone)*
- **The Magistrate's Office:** The office of the Magistrate (civilian) has the authority to bring criminal charges for acts of violence. They can be contacted at *(phone)*

SAMPLE FORM [Adapted from information provided by various FAP sites and OPNAVINST 1752.2A, Enclosure (2)]

2.2.3.4 MILITARY PROTECTIVE ORDER

Reference: OPNAVINST 1752.2A, Enclosure (6)

A military protective order (MPO) is similar to a civilian restraining order. It can be issued by the commanding officer of the active duty service member to ensure the safety and protection of persons for whom it is issued. An MPO can initially be issued ex parte (i.e., without input from both parties) on a temporary basis. The aim is to:

- Stabilize the situation
- Provide additional time for investigation

The victim should be notified when the MPO is issued and must be provided a copy of it within 24 hours. As the crisis abates and the actual facts surrounding the domestic crisis are determined, a final decision regarding the continuation of an MPO should be made by the commanding officer, with input from FAP concerning assessment and victim safety, if available. When the MPO is lifted, the victim should again be notified.

MPOs shall relate to matters involving the abuse and may include but are not limited to:

1. Direction to stay away from designated person(s)
2. Direction to stay out of or away from designated areas or places including military housing, the family home, schools, day care centers or places of employment.
3. Direction to refrain from contacting, harassing, stalking or touching certain named persons.
4. Direction to do or refrain from doing certain activities pending further direction
5. Direction to provide adequate financial support for family members
6. Explanation of the consequences of failure to follow the orders contained in the MPO.

MPOs can be directed to civilians although this option is seldom used. The MPO is necessarily limited in scope since civilians are not generally subject to military orders and enforcement of the MPO is difficult. Options in this case include orders barring civilians, who are the offender, from the installation, housing, etc. Orders to civilians are aimed at assuring the safety of all concerned.

An MPO is designed to control a situation in order to protect the safety of the victim, not to punish an alleged offender. The MPO should:

- State its military purpose
- Be specific in controlling certain behaviors
- Be comprehensive to prevent misunderstandings
- Be in writing. Verbal orders may be given but then must be put into writing

2.2.3.4.1 SAMPLE MILITARY PROTECTIVE ORDER

From: Commanding Officer _____
(Commanding Officer and Name of Command)

To: _____
(Name, Rank/Rate, and SSN of Alleged Offender)

(Via): _____
(Use only if applicable)

Subj: MILITARY PROTECTION ORDER ISSUED TO Name of Alleged Offender
CONCERNING ALLEGATIONS OF CHILD/SPOUSE ABUSE

Ref: (a) OPNAVINST 1752.2A

1. You are hereby ordered to abide by and obey the following Military Protective Order, issued per reference (a). Violation of this order may result in administrative or disciplinary action under the Uniform Code of Military Justice.

2. This is a lawful order taken to promote good order and discipline and ensure the safety and protection of the person(s) listed below. It is also intended to protect you from further allegations concerning family abuse while this order is in effect. This issuance of this order is not a form of disciplinary action against you, nor does it mean that you will or will not be punished for any actions taken before or after this order.

3. This order is issued concerning your association and contact with the following person(s):

   (Name suspected victims of abuse)

4. You are directed to:
   (State conditions of MPO)

5. This order shall remain in effect until _____ unless sooner cancelled by me (by _____), or by higher authority.

6. You may submit to me written matters concerning this order.

Signature

Copy to:
Victim
Legal Officer/Navy Law Enforcement Officials

[Source: OPNAVINST 1752.2A, Enclosure (6)]

FIRST ENDORSEMENT _____

From: _____
(Name, Rank/Rate, and SSN of Alleged Offender)

To: Commanding Officer, _____
(Name of Alleged Offender's Command)

(Via: Use only if applicable)

1. I have read the above military child protective order and understand its contents. I acknowledge that administrative or disciplinary action may be taken against me if I fail to follow this order.

_____
SIGNATURE OF ALLEGED OFFENDER/DATE

_____
SIGNATURE OF WITNESS/DATE

[Source: OPNAVINST 1752.2A, Enclosure (6)]

2.3 ASSESSMENT OF FINS (FAMILY IN NEED OF SERVICES) CASES

References: *Letter 1752, Ser 661/00718 of 5 August 1997, GUIDANCE FOR FAMILY IN NEED OF SERVICE (FINS) CASES; Module II of the Risk Assessment Handbook*

The FINS (Family in Need of Services) designation was introduced in 1997 as part of Navy FAP Risk Assessment Project. This designation resulted from studies such as the DoD "Disincentives to Reporting" which found that abuse often went unreported because:

1. The client was fearful that command notification would jeopardize the service member's career
2. There was confusion or lack of awareness regarding available resources and assistance

It was determined that allowing families in low level cases to seek help, without becoming a mandated FAP case, might lessen some of the disincentives to reporting. There are low level incidents in which both severity and risk of injury are assessed as low or mild. These are cases which may represent poor parenting or a faulty marital relationship but do not rise to the level of "abuse". In such cases, the clients
would take responsibility for their behavior; the command would not require intervention and treatment.

There are several criteria to be considered in determining if a case can be classified as FINS:

1. Cases must meet the eligibility screen for FAP
2. The safety assessment is completed and none of the safety assessment factors 1-6 are present
3. The clinical decision is that a full evaluation is not needed

   OR

   A full assessment is completed and the overall level of risk is moderately low or lower and a clinical/administrative decision is made not to open the case

Forms:

To assist in making the determination to classify a case as FINS, the worker must at a minimum complete:

1. Eligibility screen

2. Incident report
3. Safety assessment: At the bottom of the safety assessment is the section "Case Status Decision" where it is indicated whether to manage case as FINS.

In many cases where a FINS designation is considered, there is an element of subjectivity. The case manager must rely on clinical expertise, professional judgment and knowledge, and consultations with supervisors or colleagues to weigh all factors and reach a decision.

In the following frequently occurring situations, it can be difficult to make a determination:

1. **Minor injuries:** The case may have no safety assessment factors indicated, yet minor injuries are present (bruising, superficial scratches, etc.). An immediate response may not be warranted, but the injuries, albeit minor, must be considered.
2. **Multiple referrals:** Some families may be referred several times for alleged abuse in which the risk is determined to be low or moderately low. These cases may be designated as FINS, but the question is "How many incidents categorized as FINS should be considered a FAP case?" (NOTE: There is no set answer or formula. However, considering whether there is any escalating pattern, in terms of frequency, degree of injury or generalized aggression, may be useful. In other words, recurrent incidents of family violence should never be considered in isolation from one another when making decisions about the case designation and how to best intervene.)

In both of these instances, and all cases where a FINS designation is being considered, evaluating the following factors may help the case manager make a decision:

1. Overall family functioning: Is the family stable? Are they under stress due to financial problems, health problems, upcoming deployment or move, etc.?
2. Motivation of the parties involved to get help: Will they benefit from voluntary short-term counseling or groups such as anger control?
3. Is the alleged offender willing to take responsibility for his/her actions?
4. What is the family's ability to ameliorate situational factors? What kinds of support systems do they have in place?

5. The abusive behavior: Was the incident indicative of a pattern of abusive behavior or uncharacteristic of the alleged offender?

If there is any question after the safety assessment as to whether the cases should be designated FINS, then the completion of a full assessment is strongly recommended. Evaluating the risk via a full assessment should give a more precise indication of the level of involvement needed. Complete and accurate documentation supporting the rationale for the worker's decision is critical.

Note: If an outside agency is involved, then the command must be notified and disclosure noted in the case record.

All cases, in which the case manager determines a FINS designation is appropriate, must be reviewed by the CRC for quality assurance oversight before being classified as FINS. The CRC has the option to ask for a full evaluation and that the case be opened as a FAP case (see Part 6, CRC).

2.4 INTERVENTION AND TREATMENT

2.4.1 OVERVIEW AND REQUIRED FORMS

Once the safety of the victim is addressed and the case is opened, the case manager will continue with the safety/risk assessment. This consists of the following:

1. Contact the command POC to introduce yourself, inform them of the nature of the allegations and gather additional information. Inform the command that individual interviews with the victim and alleged offender will be scheduled. The service member should bring service and medical records. The command may have already been contacted during the intake/initial assessment regarding safety measures. NCIS may on occasion (i.e., in felony cases), want to use the element of surprise in confronting an alleged offender. If this is the case, the case manager should work closely with NCIS and the commanding officer to ensure that the alleged offender is not informed prematurely. The case manager will work with NCIS throughout the process.

   Note: If the FAP POC is of a lower rank than the alleged victim or offender, the information should be disclosed to the executive or commanding officer.

2. Schedule appointments with the alleged offender, the victim and children.
    - In spouse abuse cases: Interview service member, spouse and children separately.
    - In child abuse cases: Interview both parents and all children. Children may be interviewed by another agency such as CPS such that coordination of efforts is critical.
    - In child sexual abuse cases: Interview the victim, the non-offending caretaker, and all other children in the house or under the care of the alleged offender.
    - NCIS is notified in all cases of child sexual abuse (see section 2.5), and whenever there are major physical injuries in either child or spouse abuse cases. If NCIS is involved in a child sexual abuse case, the alleged offender is interviewed by FAP only after the express consent of NCIS and prior consultation with the offender's commanding officer.

Before conducting the risk-focused assessment the case manager should review all available case information. This normally includes:

- The incident report
- The safety assessment and response
- Information from outside agencies (if information needed from local police request via NCIS)
- Security report if applicable and available
- Client-completed materials
- Medical records
- Service Records

The following forms are required to be completed during the assessment process:

- Privacy Act Statement: (see Section 5.4)
- FAP Program Information: It is critical to inform the client of FAP services and procedures. A sample FAP Program Information sheet follows at the end of this section. This form is generated by the individual FAP site (see Section 2.4.1.1 for sample form).
- Risk Assessment Forms: Risk Focused Assessment Report, Risk Assessment Summary, Risk Assessment Findings, and Intervention Plan (NAVPERS 1752/9, 1752/6, 1752/7, 1752/8) (see Section 2.4.1.1 for sample form)
- Notification Letters to command, alleged offender and victim (information and samples are in Section 6.3.4.2) 7 days prior to the CRC meeting. Also send notification to the non-offending parent of a child victim in child abuse cases.

Interview guidelines:

The case manager uses the risk assessment tool and his/her professional knowledge and training to guide the content of the interview. It is important to be non-judgmental and neutral.

1. Interview the victim and alleged offender separately. It may be appropriate to schedule appointments on different days. A joint interview should be considered only if:
   - The initial interviews are completed and
   - Thorough assessment of risk has been completed and there are no questions regarding safety
2. Review confidentiality, particularly its limits, and obtain signature on Privacy Act Statement. If client refuses to sign, document on the form and proceed (see Section 5.4 for more information on Privacy Act).
3. Inform victim and alleged offender of FAP's mission, the services and the process, including CRC. Obtain signature on FAP Program Information Sheet indicating the client's understanding. A copy of this form is placed in the case record. (See sample form in following section).
4. Evaluate and assess (during the course of the interview) any physical complaints or symptoms and facilitate medical documentation of the injuries if not already done.
5. Obtain a clear statement concerning the nature, extent and history of all abuse.
6. Assess for both child and spouse abuse. Although spouse abuse is the most frequently reported type of family violence in the Navy, it frequently co-exists with child abuse. Both types of abuse must be considered.
7. Explain to the client the procedures regarding the duty to inform and reporting of the incident as applicable to both child and spouse abuse.
8. Explain possible interventions and treatment.
9. Explain that after the interview a presentation will be made to the CRC, taking into consideration information from a variety of sources.
10. Thank the client and ask if there are further questions.

2.4.1.1 SAMPLE RISK ASSESSMENT FORMS

Samples of a FAP Information Sheet, Risk Focused Assessment Report - Domain I, Risk Assessment Summary, Risk Assessment Findings, and Intervention Plan follow.

FAP PROGRAM INFORMATION

1. The Family Advocacy Program (FAP) is designed to assist active duty members and their families who are experiencing difficulties as a result of alleged child or spouse abuse incident(s).

2. You have been referred to the Navy Family Advocacy Program as a result of an allegation of _____

3. The FAP point of contact, your case manger is _____ and can be reached at _____. FAP is located at _____. You may contact your FAP case manager throughout your involvement in the Family Advocacy Program if you have questions.

4. Your FAP case manager can assist you by providing the following services if needed:
   - Shelter or safe house
   - Counseling
   - Safety planning which could include issuing a military protective order (MPO) or obtaining a civilian restraining order. A MPO is an order that the command issues to the alleged active duty offender that directs him/her not to contact you, to stay away from the home, your place of employment and other appropriate places.
   - Provide information and referral to a victim services specialist and community resources.

5. The allegation stated above is expected to be reviewed by the FAP Case review Committee (CRC) on _____.
   - The membership of the CRC includes a judge advocate, physician, mental health care provider, the Family Advocacy Representative, a line officer, base security/Naval Criminal Investigative Service representative, and other appropriate individuals.
   - The CRC reviews all relevant information regarding the allegations and makes a non-legal determination whether abuse occurred and makes recommendations for treatment.
   - Although you may not attend the CRC meeting, you may provide a written statement to be read at the initial review of your case, via your FAP case manager.
   - Your commanding officer or a command representative is invited to attend the CRC meeting.
   - You will be informed of the CRC's recommendations in your case and your right to request a review of these recommendations.

6. Additional assistance is available at Navy Legal Services located at _____. Call _____ to set up an appointment.

7. Transitional Compensation and Victim/spouse compensation are two forms of monetary assistance programs that may be available to victims if the service member is discharged from the Navy for abusing a family member. For information regarding these programs contact _____ at _____.

_____ _____
(Client Signature) (Date)

_____ _____
(Case Manager Signature) (Date)

SAMPLE FORM [Adapted from information provided by various FAP sites and OPNAVINST 1752.2A, Enclosure (2)]

RISK FOCUSED ASSESSMENT FORM

Domain 1: Incident

1. DANGEROUS ACTS (commission or omission)

(Spouse and Child Cases)

Rating:

Rationale:

Put Rationale Here

---

2. EXTENT OF PHYSICAL INJURY OR HARM

(Spouse and Child Cases)

Rating:

Rationale:

---

3. CHRONICITY OF ABUSE/NEGLECT

(Spouse and Child Cases)

Rating:

Rationale:

---

4. SEXUAL ABUSE/EXPLOITATION

(Child Cases)

Rating:

Rationale:

Case Name: Case Number:

Signature: Date Signed:

RISK ASSESSMENT SUMMARY

Risk Factors Identified During Assessment Process

Risk factors identified must be based on facts established during the investigation, assessment and/or case management process. Each victim requires a separate "RISK ASSESSMENT SUMMARY".
Note date for initial, update and case closure assessment.

Please rate the extent to which each of the factors below contribute to risk for the victim in question. Place a rating of **"N"** for NO RISK, **"L"** for LOW, **"M"** for MODERATE RISK, **"H"** for HIGH RISK by the factor. If assessed risk falls between LOW and MODERATE, rate the item **"ML"** for MODERATELY LOW. If the factor falls between MODERATE and HIGH, rate the factor **"MH"** for MODERATELY HIGH. If the factor is not applicable, put **"NA"** in the box. If this is an area of strength, write **"S"**.
If information is insufficient, put **"9"** in the box.

Date	Date	Date	Date	
				I. INCIDENT (1) Dangerous Acts (commission or omission) (2) Extent of Physical Injury or Harm (3) Chronicity of Abuse / Neglect (4) Sexual Abuse / Exploitation
				II. VICTIM (1) History of Witnessing Spouse Abuse in Family of Origin (2) Age (3) Vulnerability (4) Ability to Self-Protect (5) Alleged Offender Access (6) Behavior Problems of Child
				III. ALLEGED OFFENDER CHARACTERISTICS (1) Prior History of Abusive Behavior (2) Prior History of Childhood Victimization (3) Physical / Emotional / Mental Impairment (4) Recognition of Problem (5) Cooperation with FAP / Agencies (6) Skills and Knowledge (7) Alcohol / Drug Abuse (8) Sexual Aggression
				IV. VICTIM / ALLEGED OFFENDER INTERACTION (1) Fear (2) Intimidation and Control (3) Attachment / Bonding (4) Response to Child's Behavior
				V. ENVIRONMENTAL FACTORS (1) Access to Social Support / Services (2) Ability to Cope with Stress

(Continued)

Date	Date	Date	Date	
				VI. NON-OFFENDING CARETAKER (1) Prior History of Victimization (2) Cooperation with FAP / Agencies
				VII. NON-OFFENDING CARETAKER(S) / VICTIM INTERACTION (1) Response to Disclosure/Protectiveness/Support (2) Availability of Non-Offending Caretaker(s)

Case Name: Case Number:

RISK ASSESSMENT FINDINGS

Summary Assessment Using Risk Factors

Briefly summarize below how the items identified in your abuse-focused assessment contribute to this family's level of risk. Sign and date each entry.

Summary of Major Risks Factors:

I. INCIDENT

II. VICTIM

III. ALLEGED OFFENDER CHARACTERISTICS

IV. VICTIM / ALLEGED OFFENDER INTERACTION

V. ENVIRONMENTAL FACTORS

VI. NON-OFFENDING CARETAKER

VII. NON-OFFENDING CARETAKER(S) / VICTIM INTERACTION

Summary of Strengths/Protective Factors:

Rating Rationale:

Overall Level of Risk

Likelihood of Future Abuse:
Level of Severity if Abuse Recurs:

Case Name: Case Number:

Signature: Date Signed:

INTERVENTION PLAN

Recommended Intervention Plan

Describe other intervention plans.

Case Name: Case Number:

Signature: Date Signed:

2.4.2 RISK ASSESSMENT

See: Risk Assessment Project Handbooks Modules I, II and III for further information

Navy risk assessment consists of 28 variables, grouped into seven risk domains. Each of the risk domains includes factors that are associated with child maltreatment, spousal violence or both. Risk factors can be defined as factors associated (in research) with an increased likelihood that maltreatment or abuse will develop or recur in the future.

The seven domains are:

DOMAIN I: Incident characteristics

The risk factors are:

- Dangerousness of the act
- Extent of physical injury
- Chronicity
- Sexual abuse/exploitation (child cases only)

DOMAIN II: Victim Characteristics

The risk factors are:

- History of witnessing spouse abuse in family of origin (spouse cases only)

The following factors pertain to child cases:

- Age
- Vulnerability
- Ability to self-protect
- Alleged offender access
- Behavior problems of child

Domain III: Alleged Offender Characteristics

The risk factors are:

- Prior history of abusive behavior
- History of childhood victimization
- Physical/emotional/mental impairment (child cases)
- Recognition of problem (child cases)
- Cooperation with FAP/agencies
- Skills and knowledge (child cases)
- Alcohol/drug abuse
- Sexual aggression (spouse cases)

Domain IV: Victim/Alleged Offender Interaction
The risk factors are:
- Fear
- Intimidation and control (spouse cases)
- Attachment and bonding (child cases)
- Response to child's behavior (child cases)

Domain V: Environmental Factors
The risk factors are:
- Access to social support/services
- Ability to cope with stress

Domain VI: Non-offending Caretaker Characteristics (child cases only)
The risk factors are:
- Prior history of victimization
- Cooperation with FAP/agencies

Domain VII: Non-offending Caretaker/Victim Interaction (child cases only)
The risk factors are:
- Response to disclosure/protectiveness/support
- Availability of non-offending caretaker(s)

The case manager, must at a minimum, gather information about each of the applicable risk factors contained in the seven domains for child abuse and the five domains for spouse abuse. Nothing in the Navy Risk Assessment prohibits the case manager from gathering other relevant information. Information obtained through the interview is documented on the RISK FOCUSED ASSESSMENT REPORT forms or on working notes in the automated CMS.

For case managers new to Navy Risk Assessment, the following questions, some of which were developed by the FAP Center, Hampton Roads, may be useful.

2.4.2.1 PERTINENT INTERVIEW QUESTIONS IN COMPLETING RISK ASSESSMENT

RISK ASSESSMENT QUESTIONNAIRE
CHILD ABUSE CASES

DOMAIN I, INCIDENT

1. Dangerous act:
   a. Describe elements of the referral; who did what to whom?
   b. How is child disciplined (note examples in module III)?
   c. What type of supervision is provided for child (note if child is disabled)?
   d. Is food/clothing/shelter hygiene adequate?
   e. Has child witnessed violence between parents/caretakers?
   f. Is child's shot record current?
   g. What is the condition of the home as described by the reporter or a home visit?
   h. Are there any recurring medical conditions which are not regularly treated?
   i. Is the caretaker intoxicated while caring for child or driving with child in car?
   j. Are child restraints used with child in the car?
   l. Did mother receive prenatal care?
   m. Has any child in family been diagnosed FTT (failure to thrive)?

2. Extent of Physical Injury/Harm (due to physical/emotional abuse or neglect):
   a. Describe any injuries that are present (seen by you; reported by caller/victim/physician)
   b. Does the history explain the injuries?
   c. Are the injuries confined to areas of the body that might accidentally sustain injuries (knees, shins, elbows)?
   d. Were the injuries caused by disciplinary practices?
   e. Where are injuries located? How wide spread are they?
   f. If the injuries are explained as accidental, does the explanation make sense?
   g. Does the explanation for the injuries change over time?
   h. Does parent/caretaker withhold affection/reject child?
   i. Is child regressed/anxious/fearful as result of witnessing/experiencing abuse/neglect?
   j. Were injuries life threatening? Require hospitalization?

3. Chronicity:
   a. How long has abuse been occurring?
   b. How many incidents have there been?
   c. Have the incidents been sporadic or is there a clear pattern emerging?
   d. How much time passes between incidents?
   e. Has pregnant spouse ever been injured (injury to pregnant spouse is also considered child abuse and is a factor here since there was past abuse of the child)?

DOMAIN II, VICTIM CHARACTERISTICS

1. Age: (self explanatory)

2. Vulnerability:
   a. Does child have any developmental delay/learning disability/physical disability/congenital abnormality (physiological/physical defect)/chronic illness/drug/alcohol problem?
   b. How serious is the disability and does it interfere with day to day activities?

3. Ability to Protect Self:
   a. Is child able/willing to remove him/herself from abusive situation?
   b. Has child ever reported abuse?
   c. How does child view abuse (normal; distressing, etc.)?
   d. Does child deny abuse?
   e. Does child blame self for abuse?

4. Alleged Offender Access:
   a. Is alleged offender in home?
   b. If offender has been removed from home, are visits supervised?
   c. Are rules of supervision followed?

5. Behavior Problems of Child:
   a. Does child display behavior problems such as being withdrawn, having temper tantrums, aggressiveness, etc.?
   b. Does child use drugs/alcohol? (also in vulnerability)
   c. Is child suicidal/homicidal?
   d. Is child sexually aggressive? To whom? Under what circumstances?

DOMAIN III, ALLEGED OFFENDER CHARACTERISTICS

1. Prior History of Abusive Behavior:
   a. Has alleged offender engaged in assaultive behavior with anyone outside the home?
   b. Has alleged offender ever been arrested for assaultive behavior occurring in or out of the home with any past or present partners? When? Describe behavior?
   c. Has alleged offender destroyed property?
   d. Injured pets?
   e. Is the offender's work history indicative of past aggression?

2. Prior History of Childhood Victimization:
   a. Did alleged offender witness/experience abuse as a child?
   b. If yes, describe what was experienced/witnessed? How serious? Who was the offender? How long did it go on?
   c. How does alleged offender remember childhood (loving, felt unwanted)?

3. Physical/Emotional/Mental Impairment:
   a. Does alleged offender have a disability of any type (non substance induced DSM IV diagnosable condition or physical disability)?

4. Recognition of Problem:
   a. Does alleged offender acknowledge the problem and accept responsibility for his/her behavior?
   b. Does alleged offender blame victim/others for problems?
   c. Does alleged offender understand how their behavior affects victim?

5. Cooperation with FAP/Intervention Agencies:
   a. Does alleged offender keep appointments?
   b. Does alleged offender verbally abuse any staff?

6. Skills/Knowledge:
   a. What are alleged offender's expectations of child?
   b. What is alleged offender's preferred method(s) of discipline?

7. Alcohol/Drug Abuse:
   a. Does alleged offender use alcohol/drugs?
   b. If yes, how much? How often? Under what circumstances?
   c. Has usage ever interfered with any aspect of alleged offenders life (missed work, medical complications from drinking, misuse of money, etc.)?
   d. Has alleged offender ever been arrested or received military discipline (e.g. NJP, EMI) for incident related to drinking (DWI, bar fight)?
   e. Has alleged offender ever been referred for an ARD screen? Ever received a diagnosis of being a substance abuser or substance dependent?

DOMAIN IV, VICTIM/ALLEGED OFFENDER INTERACTION

1. Fear:
   a. Does child express/exhibit fear of alleged offender? How? (note that different types of abuse may elicit different types of fear responses and if child expresses fear this is significant).

2. Attachment/Bonding:
   a. What is the quality of parent child interactions (is child clingy/distant/avoidant)?
   b. Does child seek out comfort from strangers instead of parents?
   c. Does parent pay attention to or ignore child?
   d. What attributions are made about child's behavior by parent?

DOMAIN V, ENVIRONMENTAL FACTORS

1. Access to Social Supports:
   a. Does family have access to social supports (family, friends, church, Red Cross, Navy Relief)?
   b. Does family utilize social supports when needed?
   c. Is family essentially isolated?

2. Ability to Cope with Stress:
   a. What, if any, stressors are present (financial, cultural, impending/recent PCS)?
   b. How does family cope with the stressors?

DOMAIN VI, NON-OFFENDING CARETAKER

1. Prior History of Victimization (see Domain III, #2)

2. Cooperation with FAP/Intervention Agencies (see Domain III, #5)

DOMAIN VII, NON-OFFENDING CARETAKER/VICTIM INTERACTION

1. Response to Disclosure/Protectiveness/Support:
   a. Does NOC believe child?
   b. Does NOC comply with MPO, TRO (if these are in place)?

2. Availability of NOC:
   a. Are there any physical/mental/emotional disabilities that interfere with NOC's ability to protect child?

DOMAIN I, INCIDENT

1. Dangerous acts:
   a. How does couple resolve differences (talk, yell, restrain, push, shove, slap, punch, etc.)?
   b. Are weapons or objects which can be used as weapons used?
   c. Are pets abused? Property destroyed?
   d. Is pregnant spouse abused?
   e. Is stalking occurring? Is extreme jealousy present?
   f. Is spouse who is making attempts to leave being threatened/abused?
   g. Are there credible threats made toward person or property (even in the absence of physical violence)?

2. Extent of Physical Injury:
   a. Are injuries present?
   b. How serious are they (redness, bruising, cuts, sutures required, broken bones, burns, internal injuries, hospitalization required)?
   c. How wide spread are they?
   d. Any name calling?
   e. Is emotional harm present (PTSD, depression, etc.)?

3. Chronicity:
   a. Has abuse occurred before?
   b. How many times?
   c. Are intervals becoming shorter?
   d. Is abuse occurring in public?
   e. Describe the first, last and worst incidents?

DOMAIN II, VICTIM CHARACTERISTICS

1. History of Witnessing Spouse Abuse in Family of Origin (FOO):
   a. Did victim witness abuse in FOO?
   b. What acts were witnessed?
   c. How serious were they?
   d. Did victim intervene?

DOMAIN III, ALLEGED OFFENDER CHARACTERISTICS

1. Prior History of Abusive Behavior (see Domain III, child questions).

2. Prior History of Childhood Victimization: (see Domain III, child questions).

3. Physical/Emotional/Mental Impairment: Although this factor is not considered for spouse abuse cases be aware of emerging research around typologies of offenders (Saunders).

4. Cooperation with FAP/Intervention Agencies: (see Domain III, child questions).

5. Alcohol/Drug Abuse: (see Domain III, child questions).

6. Sexual Aggression:
   a. Is sexual interaction between the couple free from coercion/force?
   b. Is spouse threatened/harmed is she/he does not engage in certain acts (viewing pornography, performing unwanted acts)?

DOMAIN IV, VICTIM/ALLEGED OFFENDER INTERACTION

1. Fear:
   a. Does the victim verbally express fear of alleged offender ("he's going to kill me").
   b. Does victim make excuses for alleged offenders behavior?
   c. Does the victim behaviorally/somatically express fear of alleged offender (hyper-vigilance, anxious, suicidal gestures, sleep disturbance, stomach problems, etc.)?

2. Intimidation and Control:

   a. Does the alleged offender use power and control tactics to maintain dominance in the relationship (puts down spouses opinions, name calling, blaming, control of money, accuses victim of being crazy, checks mileage on car, limits victims contact with others, disconnects phone, takes purse/ID cards, threatens to kill self)? Describe how long tactics have been employed and how often.

DOMAIN V, ENVIRONMENTAL FACTORS

1. Access to Social Support/Services (see Domain V, child questions).

2. Ability to Cope with Stress (see Domain V, child questions).

2.4.2.2 RISK ASSESSMENT SUMMARY/FINDINGS

Separate risk assessment summaries and risk assessment findings are required for each identified victim. Risk assessment should be completed at the initial assessment, for each quarterly review, for each subsequent incident, at case closure or when determined to be clinically indicated by the case manager or supervisor. The forms must be signed and dated. Risk assessment completed by non-privileged, credentialed clinical providers must be co-signed by their clinical supervisor.

Risk Assessment Summary form: The summary form includes all risk factors identified and based on facts established during the investigation, assessment and case management process. The CMS automatically transfers all factors to this form. Each factor must be rated with respect to the extent to which it contributes to risk for the victim. The ratings are:

- "N" - No Risk
- "L" – Low Risk
- "ML"- Moderately Low Risk
- "M" – Moderate Risk
- "MH"- Moderately High Risk
- "H" – High Risk

Descriptors for every risk factor in each domain are found in the Risk Assessment Project Handbook, Module III, page 7-97. Pages 7-66 contain information for child cases and pages 67-97 contain information for spouse abuse cases.

Individual factor ratings are based on the case manager's professional judgement, using the guidelines in the modules. Consider clinical assessment of the victim, offender, and children as well as outside sources, police reports, etc. Look for patterns.

There is no one predictor of risk. Risk is a product of an interaction among the factors. The weight given to an individual risk factor or domain may vary depending on the interaction and constellation of individual risk factors.

Risk Assessment Findings Form: This is a summary of risk assessment, including the case manager's rating of the overall level of risk. On the form, there is space to briefly summarize how the risk factors contribute to the family's overall level of risk. The following guidance is recommended in completing this form:

1. **Summary of Major Risk Factors**: Summarize the factors rated moderate and above.
2. **Summary of Strengths/Protective Factors**: Consider individual, social and familial strengths/protective factors that might decrease overall risk, such as a strong support system, involvement with community and social service agencies, and whether the command is supportive.
3. **Rating Rationale**: Summarize how the risk and strengths/protective factors interact to indicate the overall level of risk.

The form requires three separate risk ratings

1. **Likelihood of Future Abuse**: To determine this rating, use as a baseline the rating of the risk factor, "chronicity" found in Domain I.
2. **Level of Severity if Abuse Recurs**: To determine this rating, use as a baseline, the ratings of the risk factors "dangerous acts" and "extent of physical injury/harm found in Domain I.

Remember that likelihood of recurrence and level of severity are not necessarily positively related. In other words, there can be a high likelihood of recurrence with a low level of harm or a high likelihood of recurrence and potential for serious harm.

3. **Overall level of Risk**: In determining the third rating, overall level of risk, one's professional judgement is critical. All information must be analyzed and reviewed. Detailed guidance is found in Module III, pages 81-83.

   The overall rating can range from no risk to high risk.
   - **No Risk**: Family is functioning well and FAP services are not warranted
   - **Low Risk**: The risk of future abuse or maltreatment is low. Most of these cases need no intervention or are classified as FINS
   - **Moderately Low Risk**: There is some probability of recurrence, but the resulting harm is considered low risk. Some of these cases may be most appropriate for FAP intervention, others may be classified as FINS
   - **Moderate Risk**: These cases are likely to benefit from FAP services as there is a significant risk of future abuse and the resulting harm could be moderate.
   - **Moderately High Risk**: These cases have a substantial risk of future abuse with the potential for serious harm to the victim. There is a high likelihood that these cases require FAP services to decrease identified risk.
   - **High Risk**: These cases have the most dangerous risk and highest likelihood of future abuse with the potential for serious harm. FAP services are essential to decrease identified risk.

The overall level of risk is based on the likelihood of future abuse and the level of severity if abuse recurs. The ratings in Domain I are used as a baseline and all other risk ratings, when clinically indicated, used to support a decision to either lower or raise the overall rating of risk from the baseline.

- If the overall level of risk is rated as moderately low or lower, the case may be classified as FINS.
- If any factor is Domain I is rated moderate, moderate high or high, the overall level of risk should not be rated lower than moderate. Seek supervisory consultation if an overall risk rating lower than moderate seems appropriate.
- The overall level of risk is one determining factor when flagging a case (see section 6.3.3)

If the risk-focused assessment indicates, the case should be opened. It will then be necessary for the case manager to prepare the case to be presented to the Case Review Committee (see Part 6, CRC). The CMS generates the CRC Presentation Form and sample CRC notification letters, although installations may opt to send more individualized correspondence.

The Risk Assessment Matrix

See: Risk Assessment Project Handbook, Module III, p99-101

The risk assessment matrix is designed to assist the clinician in conducting an abuse-focused assessment. It describes each factor in each of the domains and gives guidelines for each level of risk. The matrix is used primarily as a training aid for workers new to using a risk focused assessment protocol. The supervisor determines who is required to complete the matrix.

Note: The matrix can be a helpful tool if a case manager is having difficulty assessing the level of risk of any factor.

2.4.3 INTERVENTION/TREATMENT PLAN

Interventions should be directly related to significant risk factors and address each type of abuse, the severity and the risk of recurrence. Services are offered to all alleged or substantiated offenders. Intervention options will be recommended to the command after the CRC meets and specific information concerning severity and risk will be provided. The Child and Spouse Abuse Decision-Making Matrices are tools

that CRCs and commands can use when making recommendations or developing consistent responses.

Using the INTERVENTION PLAN Form (NAVPERS 1752/8, 1-97) and information from the summary assessment:

- List the factors targeted for intervention: those rated moderate or higher and amenable to change.
- Identify the specific intervention and the desired behavioral outcome of the intervention, the person responsible and a reasonable time frame to accomplish the objectives.
- An important clinical consideration is client self-determination. Seek input from the victim, offender and others in the family in formulating an intervention plan.

The case manager can make intervention recommendations during assessment. However, only the CRC can formalize the treatment plan. (See Part 6 – CRC)

Note: The Defense Authorization Act of FY 00 requires tracking of the command response to both substantiated and unsubstantiated cases of domestic violence.

2.4.3.1 OPTIONS FOR VICTIM

Options for the victim should focus on providing support, crisis intervention and referral to available community and military resources that help ensure victim safety. Counseling, support services, medical care as needed, and strategies to minimize the risk of future victimization should be included in the interventions. It is important that the victim participates in the problem-solving and intervention planning process. Through building and enhancing client strengths, the client develops self-awareness and self esteem, and learns the skills necessary to access resources independently. In addition, transitional compensation benefits should be explained (see section 7.3).

Victims must be notified of the services available to them through the Victim and Witness Assistance program at each installation. A referral to a Victim Service Specialist (VSS) where available, should be initiated on all cases of spouse abuse. Children who are victims must be assessed and treated by a therapist trained to work with abused/neglected children. Victim advocacy services for children are available in many civilian communities.

2.4.3.2 OPTIONS FOR OFFENDER

Interim counseling, until the case is reviewed by the CRC, should be offered to all alleged offenders. Long-term services should be offered to motivated service members, with good potential for future service. Offender intervention should focus on: helping the offender stop the abuse by changing his/her behavior through administrative and legal actions, education and counseling, and protecting the victims by changing situational factors (alcohol use, financial problems, restriction to quarters, etc.).

2.4.3.3 OPTIONS FOR INVOLVED FAMILY MEMBERS

These interventions should focus on crisis intervention and safety planning, provision of information on resources and individual assessment to determine needed services. Children who have been exposed to family violence need to be assessed and treated, if indicated. Research has shown that children who witness violence can suffer psychological, emotional and physical effects. Witnessing parental violence is also considered the single most consistent risk marker for the prediction of future spouse abuse in males.

Note: In some states, a child who has witnessed violence is considered a victim of child abuse. Knowledge of the local/state laws is essential.

2.4.4 TREATMENT PLANNING

2.4.4.1 REFERRALS – PRACTICES AND PROCEDURES

A referral system is an organized method of linking clients with the most appropriate resource. Both military and civilian service providers are used to augment FAP services. Family members who require rehabilitative education and counseling services beyond the scope of FAP, the MTF and FSC may be referred to a local civilian service provider. To ensure that clients receive quality services in a timely manner, it is essential that a well-developed referral system be in place.

Referrals for Family Members of Active Duty Personnel
In many locations, a client will be referred to TRICARE, not directly to a practitioner. TRICARE is the military's managed care health insurance program for family

members. For victims of child and spouse abuse, costs for counseling and other services may be partially or fully covered by TRICARE or through victim compensation funds available through state agencies. (SECNAVINST 1752.3A)

TRICARE regulations recognize two levels of providers of counseling services:

- Physicians and other allied health professionals **not requiring** physician referral and oversight:
  - Psychiatrist
  - Clinical Psychologist
  - Certified or Licensed Clinical Social Worker
  - Certified Psychiatric Nurse Specialist
- Extra-medical individual providers **requiring** physician referral and oversight:
  - Marriage and Family Counselor
  - Pastoral Counselor
  - Mental Health Counselor/Professional Counselor

FAP case managers must be cognizant of any local TRICARE mental health programs to ensure that clients are aware of all options available to them via TRICARE regulations and initiatives. The referral procedures should be coordinated with the local MTF and the TRICARE office. TRICARE guidelines must be followed to ensure that the provider is eligible and the TRICARE share of the client's counseling costs will be covered. A strong liaison between the TRICARE office of the local MTF and FAP is essential to provide the client with the best, available service.

Referrals for Active Duty

Supplemental care is available for active-duty victims and in appropriate cases, for active-duty offenders who require specialized, rehabilitative education and counseling that is not available through military providers. A civilian provider will be paid for by the referring MTF if supplemental care funds are available. Before referring an active duty client, case managers should consult with the MTF staff person responsible for coordinating supplemental care to determine the availability of funds.

In locations that may refer directly to a practitioner, FAP should develop and maintain a listing of community resources and practitioners. Factors to consider in developing resource lists include:

- Their availability
- Their credibility including experience with military clients and credentials

- Their areas of specialty
- Their willingness to communicate and follow-up with FAP staff
- Fees and TRICARE eligibility

Rule of Three: The Navy Standards of Conduct include specific referral guidelines. Specific guidance for referring individual clients directly to community resources includes application of the "rule of three." The rule of three means that a list of a minimum of three resources must be given to the client who will then decide which provider to use. A rotating list of providers is the ideal approach to use whenever possible.

In overseas and remote locations it is understood that it can be difficult to always provide a choice of three outside providers. In these situations, every effort must be made to provide equitable distribution to the limited number of outside providers. It is incumbent on the FAP staff to avoid even the appearance of a conflict of interest; even though obtaining the best professional assistance for a client should always be the highest priority. For example, if there is only one local provider who has specialized training and expertise in treating incest cases, and there are several incest cases presented, it may be appropriate to refer all such cases to the one provider.

Documentation: All referrals must be documented in the client's case record. The safety response form has a section to document referrals. Additional referrals may be documented in the case activity notes, in the intervention plan, and/or in the CRC recommendations section of the CRC presentation form.

Guidelines on confidentiality within FAP are detailed in Part 3, Confidentiality. If information is to be exchanged between the FAP case manager and a civilian practitioner regarding the client, the client must be willing to sign a Release of Information Authorization form. (see Section 3.10) This form should be included in the case record. Situations that are exceptions and do not require a client's consent for disclosure or information are covered in Part 3.

When a client is referred for services, it will be necessary to get updates and reports from the practitioner. Their reports are needed to assist the FAP case manager in re-assessing risk and presenting the case to the CRC for review or possible closure.

Note: All information received from a referral source is placed in the Other Non-permanent File.

2.5 FACTORS IN CHILD SEXUAL ABUSE CASES

References: *OPNAVINST 1752.2A, including Enclosure (4), Initial Reporting requirements and Command Notification, and Enclosure (8), Management of Child Sexual Abuse Cases*

Child sexual abuse (CSA) has a unique set of issues that add complexity to the assessment of and interventions in a case. In cases of child sexual abuse, the safety of the child, community safety and control and accountability of the offender are priorities. Some child sexual abuse offenders are treatable. Without treatment, most offenders will continue to be a risk to children.

In Section 2.5.1 is a chart from the CRC Kit Program References binder. It tracks a sexual abuse case from opening through closing, including the necessary notifications, flagging, etc. A review of this form, indicates that these cases are among the most difficult to manage, due not only to the nature of the abuse, but to the involvement of various commands, departments, etc.

Child sexual abuse may be either intra-familial (incest) or extra-familial. Extra-familial child sexual abuse includes abuse by relatives, strangers, persons in loco-parentis and child-to-child sexual abuse. Alleged offenders who reside with the child's parent, but are not married to the child's parent, may be considered intra or extra-familial offenders on a case by case basis.

Out-of-home child sexual abuse is that abuse alleged to have occurred in DoD-sanctioned, out-of-home care settings such as child care centers, schools, recreation programs or family child care.

Research has shown that in the best cases for treatment, the offender is: a classic incest offender with no extra-familial incidents, no other sexual deviations, no violence, no other severe problems, and admits and accepts responsibility. In the worst cases for treatment, the offender is: a fixated pedophile with extra-familial abuse incidents, other sexual deviations, uses violence and has other psychological problems. Most cases fall between the extremes.

FAP cases are opened for all reported incidents of child sexual abuse, both intra and extra-familial. Cases of child-to-child sexual abuse and juvenile sex offender cases where the victim or offender is a family member of active duty military, are to be

handled as any other FAP case. These cases will be assessed and presented to the CRC, provided appropriate interventions and/or referral, and included in Central Registry Data.

Notifications: Allegations of child sexual abuse require numerous notifications by FAP staff. Following is a list of who is notified and their role in a child sexual abuse case.

- **NCIS:** If not already notified, FAP should inform NCIS immediately. NCIS serves as the investigative agent for child sexual abuse cases
- **CPS:** Must be notified in accordance with state/local laws.
- **The service member's commanding officer** must be notified.
- **The installation commander** and FAO must be notified of allegations of out-of-home child sexual abuse immediately.
- **PERS-661:** Report must be made within 5 working days. PERS-661 receives intake information, maintains informational files and provides consultations on clinical and safety issues.
- **PERS-8:** Report must be made within 5 working days. The service member's record will be temporarily flagged. The service member cannot reenlist, transfer or be advanced/promoted pending resolution of the case. PERS-8 exercises control over the monitoring, evaluation and disposition of the case including communications with the service member's command. PERS-8 will notify the alleged offender via his/her commanding officer of the allegation and the possible outcomes if the allegation is substantiated. These include:
  - Prompt disciplinary action to hold the member accountable for his/her actions
  - Unless acquitted at a criminal proceeding, the case will be reviewed and mandatory administrative separation processing will be initiated

Out-of-home child sexual abuse must be reported by message within 24 hours (See OPNAVINST 1752.2A, Enclosure 4). An individual allegation against a Family Home Care Provider or Child Development Center employee follows the above procedures. The Regional Child Sexual Abuse Response Team is activated when multiple victims are involved.

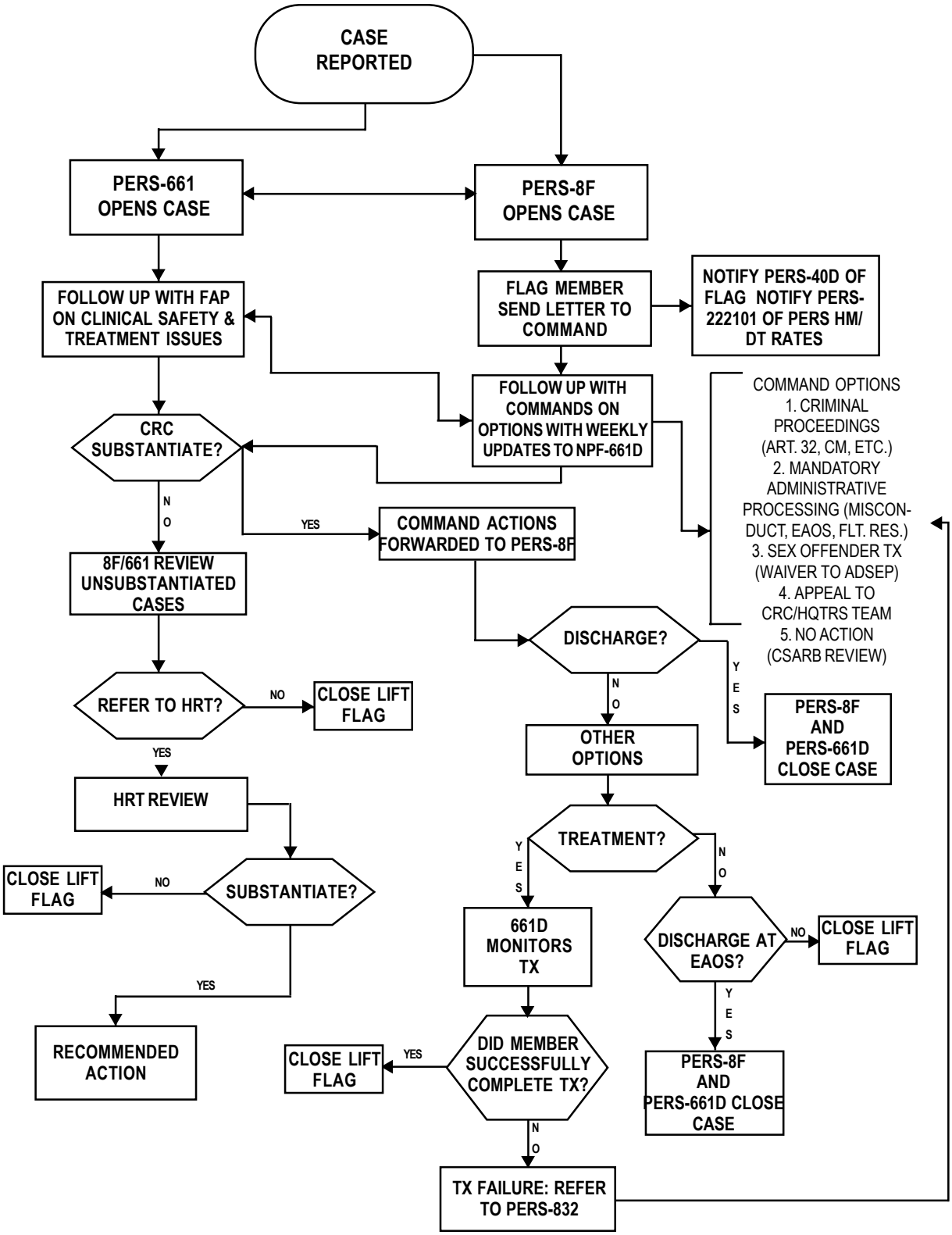
Case management of child sexual abuse cases: Intake screening, assessment, intervention and treatment of child sexual abuse cases are conducted in

approximately the same manner as most FAP cases. In addition to the notifications listed above, unique issues of child sexual abuse cases are noted below:

1. All incidents or suspected incidents must be immediately reported to NCIS.
2. Suspected child sexual abuse offenders may not be interviewed without the express consent of NCIS and consultation with the service member's commanding officer.
3. Protection and safety of the child from further sexual abuse is the first priority. The victim must be separated from the alleged offender throughout the assessment process and for protection when indicated.
4. Interview victim, non-offending parent and others
   - Children who are victims of child sexual abuse must not be subject to multiple interviews. Coordinate the interviewing of the victim with CPS, MTF, etc.
   - Obtain name, agency and phone numbers of investigating officers and obtain copies of reports
   - Obtain copies of relevant medical reports
5. Assessment interview with the alleged offender:
   - Is interviewed when appropriate and after consultation with NCIS
   - The focus of the interview is to explain the purpose of FAP, gather psychosocial data and assess mental status.
   - The alleged offender may participate in interim rehabilitation, education and counseling, but this should not delay any disciplinary/administrative action the command decides to take as outlined in OPNAVINST 1752.2A
   - Alleged offenders may exercise their right not to be interviewed by FAP.
6. Comprehensive psychosexual evaluation:
   - In a intra-familial child sexual abuse case, the active duty offender can be referred for a comprehensive psychosexual evaluation with a psychologist who specializes in such evaluations.
   - *Letter 1752, Ser661/01425 of 5 December 1996, GUIDELINES FOR FAMILY ADVOCACY PROGRAM SEX OFFENDER EVALUATIONS* provides guidance on what the Navy expects from assessments of alleged sex offenders. A copy can be found in the CRC Kit, Program References Binder, Section 6.

The Regional Child Sexual Abuse Response Team (RCSART) is called and may be activated when there is a potential for multiple victims or when a DoD sanctioned activity is involved (e.g., Daycare Centers, Family Home Care, etc).

2.5.1 CASE FLOW CHART – CHILD SEXUAL ABUSE



2.6 CASE MONITORING

Case monitoring refers to both the clinical and administrative aspects of tracking a case. FAP cases are monitored to ensure that victim is safe, the offender is making progress and the family's needs are being met in an optimal manner. The time frame for monitoring cases varies as cases take different periods of time to be resolved. Enough time must be allowed, however, to resolve the immediate problem before the service member is reassigned.

The CRC should review all active cases at least every 90 days. The case manger must present to the CRC a case update including an updated risk assessment summary and findings. The CRC should be informed of the progress of the case and if there is compliance with treatment recommendations. See Section 6.4 Quarterly Reviews and Case Closure.

The FAP CMS log can be used by the case manager as a tool for tracking and monitoring cases. Cases entered in the log may be sorted by case type, case manager, incident date and other customized views.

In the following section is a case tracking form. This form can assist the case manager in monitoring the dates cases are due to be reviewed and the recommendations.

2.6.1 SAMPLE FAP CASE TRACKING FORM

Names Case Numbers	Date Case Opened & Type of Abuse	Date to Subcommittee	Disposition	Recommendation	Date of 90 Day Review	Date of 90 Day Recommendation	Date of Second 90 Day Review & Recommendation	Date of Third 90 Day Review & Recommendation	Date of Closure
Offender: Victim(s): Case Number:									
Offender: Victim(s): Case Number:									
Offender: Victim(s): Case Number:									
Offender: Victim(s): Case Number:									
Offender: Victim(s): Case Number:									
Offender: Victim(s): Case Number:									

2.7 CASE CLOSINGS

Everyone involved with a case, from the case manager to the family members to the command, should clearly understand what needs to be accomplished to close a case. The case manager will need to make a recommendation to the CRC that a case should be closed. The CRC will then consider whether they agree that a case should be closed (see Section 6.4).

Note: If the necessary documentation from civilian practitioners, etc. is not submitted a case may be closed but will be closed as unresolved.

2.7.1 FACTORS TO CONSIDER

The following factors need to be considered before closing a case:

- The victim can remain safe
- Improved ratings on risk assessment lead the case manager to conclude that future risk of abuse is not likely or not significantly likely. This would be due to increased family strengths, etc.
- Goals of the intervention plan have been met for the most significant identified problems
- Treatment recommendations for the offender have been successfully completed.

Also consider whether:

- Subsequent incidents have occurred
- Case progress has been consistent over a reasonable period of time
- Improvement can be maintained despite the withdrawal of services
- Additional services could further reduce risk

Whether or not risk has been reduced a case must be considered for closure when:

- Service member refuses to accept services or is non-compliant with the treatment plan
- Offender is determined to be a rehabilitation failure
- Offender is no longer available
- Offender is separated from the service
- In child abuse cases all children are now over the age of 18

2.8 CRISIS INTERVENTION

2.8.1 CRISIS INTERVENTION PROTOCOL

The terms emergency and crisis are often used interchangeably but they describe two different types of situations that often require different interventions.

- **Emergency:** A life-threatening event or a potentially harmful situation (e.g., an individual who attempts suicide).
- **Crisis**: A more inclusive term for situations that are urgent but of a non-emergency nature. Crisis is a threat to loss of control or stability. It is any situation that involves active duty members, family members, or eligible civilian personnel and is perceived by the individual, the command, another agency (military/civilian), or FAP staff as an urgent need requiring immediate assessment. Although FAP case managers may be required to handle some emergency situations, more of their efforts are directed toward assisting clients who are in crisis.

The purpose of a crisis protocol is to:

- Educate personnel regarding their role in crisis situations and the steps to follow when providing assistance. It is vital that procedural guidelines be developed and put into writing **before** a crisis occurs to ensure that the crisis situation will be handled appropriately.
- Provide a standard operating procedure (SOP). The SOP can be used to train all staff to follow the necessary steps when an individual in crisis presents.
- Develop MOUs (Memoranda of Understanding) with community resources (e.g., local police department, CPS, etc.). The purpose of this tool is to define the roles of community agencies in the crisis intervention process and to encourage them to work cooperatively with the military in assisting clients.

Guidelines for a Crisis Intervention Protocol: A crisis intervention protocol should be written:

- In a clear and concise format but provide enough information on how to handle the various scenarios that might occur.
- As if the individual following the protocol has no previous experience handling crisis situations. A staff member with no clinical background could be the first point of contact for a person in crisis. Even clinically trained staff do not necessarily have experience handling all types of crisis situations.
- In a step-by-step format to ensure optimum response to clients who seek assistance. The information outlined in the following charts is designed to serve as a guide when developing a crisis intervention protocol.

GUIDELINES FOR DEVELOPING A CRISIS INTERVENTION PROTOCOL

ASSUMPTIONS

Basic information that should be included:

- Procedure for active duty members
- Procedure for family members
- Relevant local instructions
- Relevant Navy instructions
- Local resources
- Reporting requirements
- Training
- Procedures during duty & after duty hours
- Command expectations

ESSENTIAL ELEMENTS

- Handling initial contact
- Identifying individual in crisis (assessment)
- Developing safety action plan
- Providing necessary resources
- Liability issues
- Making appropriate referrals
- Reporting procedures
- Follow-up
- Legal and medical aspects of crisis

ORGANIZATIONS/RESOURCES

A resource listing with identified points of contact (POCs) should be readily available.
Examples include:

- MTF
- Chaplains
- Base Security
- NCIS
- FSC
- Ombudsman
- Red Cross
- Civilian Community Resources
  (e.g.,, Mental health service providers, private practitioners, etc.)
- EMTs
- ARD
- CDOs
- SJA
- Local Police Department
- Navy Relief Society
- Marine Corps

BASIC PROCEDURES

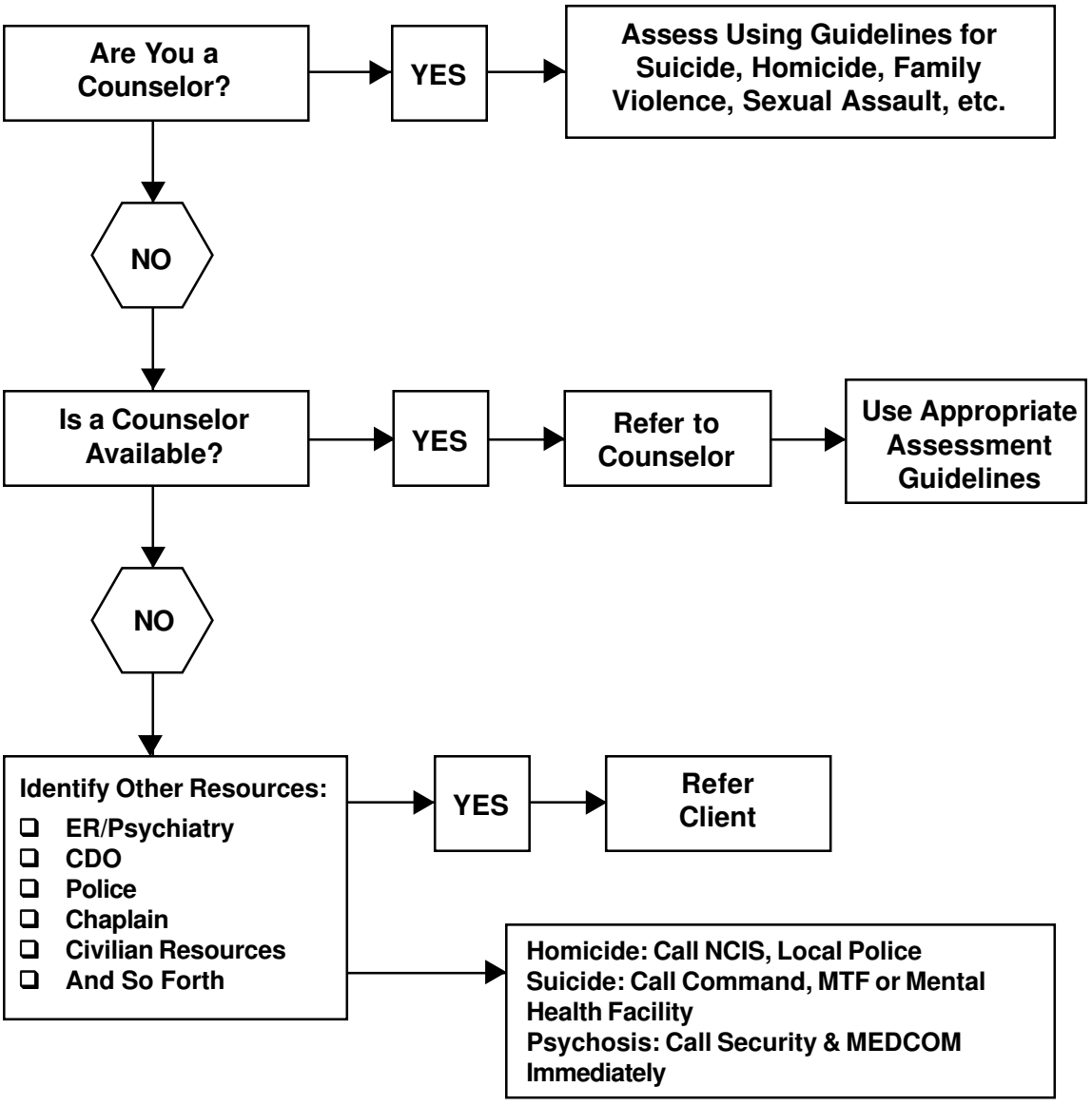
- Assessment
- Intervention
- Follow-up

2.8.1.1 CRISIS INTERVENTION PROCEDURES

Procedures that should be followed when handling a crisis situation can be broken down into 3 stages: assessment, intervention and treatment. FAP staff may be responsible for assessing a client in crisis. Intervention and treatment of homicidal, suicidal or psychotic clients will be referred to an appropriate resource.

STAGE I: ASSESSMENT

In all cases, keep the person talking, and remain calm. Get name, phone number, and address.



2.8.2 PROTOCOL FOR SUICIDE PREVENTION

SUICIDAL is inclusive of any person expressing suicidal ideas, thinking of suicide, contemplating suicide, or any person manifesting self-destructive behavior of a life-threatening nature. **SUICIDE** is the completion of an act to take one's own life, regardless of the method, which results in the death of the person.

FAP case managers are presented with a variety of situations, which may include the threat of suicide. All FAP staff (not just case managers) should have up-to-date knowledge of the reporting systems and procedures to be followed in the event a client with suicidal intent presents at FAP or calls in for assistance.

Privacy Act restrictions do not apply in cases of suicide or life threatening, self-destructive behavior. At the onset of service delivery, clients are informed of the reporting requirements for FAP case managers in the event that it is in their clinical judgement that the client's life is in danger (i.e., client may do harm to himself or herself). This is outlined in the Privacy Act Statement.

2.8.2.1 ACTIVE DUTY CLIENTS

Phone Calls from Potentially Suicidal Active Duty Clients

If a suicidal client is on the telephone:

- Immediately obtain the caller's name, phone number and address if possible
- Assess the immediate lethality**:** Ask the client if he or she has a specific plan, method and/or means (i.e., he or she has ingested pills, has access to a weapon, and so forth). Attempt to ascertain if there are any children or weapons in the home. If a substance has been ingested or the individual has done harm to him or herself, the worker should immediately get another staff person to call for the police/crisis team while **KEEPING THE INDIVIDUAL ON THE LINE IF POSSIBLE.**
- After assessing lethality, consult with a supervisor, ask another case manager to get a supervisor and provide any assistance needed**. KEEP THE INDIVIDUAL ON THE LINE IF POSSIBLE** until the danger has passed and lethality is assessed to be low enough to give the client a referral, or emergency help has been called and the police/crisis team has arrived on site.
- If the situation is not an emergency, the case manager should request that the

service member see a counselor at FSC to help the individual to access help in the military system.

- If the client refuses assistance or follow-through appears unlikely, the member's command can be contacted for assistance. However if it is an emergency, help should be called.

Walk-in Active Duty Clients

1. **Assessment:** A FAP counselor will assess any client when the client presents suicidal potential while being interviewed at FAP. The assessment should include immediate consultation with the following:
   - A clinical supervisor
   - Psychiatric staff at the local MTF
2. **Suicidal potential/risk**: This should be assessed using standard risk assessment criteria, including the following means available to take one's life:
   - Lethality and specificity of plan. If a plan exists then assume that the more lethal and more specific the plan, the higher the risk
   - Previous attempts at suicide or suicidal history to include lethality of means used in an attempt, how an attempt failed or was stopped, and number of previous attempts. The more lethal the previous attempts, then the higher the current risk
   - Situational variables increasing potential such as:
     - Break-up of a relationship
     - Recent loss of spouse or child or close family member(s)
     - Loss of employment
     - Other significant loss
     - Anniversary date of loss of significant other
   - Previous suicide(s) in the family (e.g., father, mother, brother or sister committed suicide). A suicide in the family history is indicative of higher risk.
   - Demographics: Sex, age, profession (e.g., single male, 67 years old, without family is considered to be high risk).
3. **Crisis Intervention Plan:** Following assessment, the case manager will consult with a clinical supervisor, or if unavailable, with another case manager. If it has been determined that the client may be a significant danger to himself or herself, this constitutes an exception to the Privacy Act statement. (See Part 5,

Confidentiality). These guidelines should be followed:

- The service member's command must be notified immediately with the informed consent of the client if at all possible, without the client's consent if necessary. The command should be given information about the suicide risk, an intervention plan, and a follow-up plan. To provide some privacy for the individual, specific details regarding the personal problems related to the suicidal thinking should be limited.
- The FAP case manager should prepare a written consultation for the medical staff. This is placed in a sealed envelope and given to the command escort. The command should escort the member for screening by the command's General Medical Officer or transported to a MTF for screening. The service member should bring his or her medical and service records.

4. Treatment Options:

- Hospitalization at local MTF.
- Appointment at Naval mental health clinic for medical/psychiatric evaluation
- 24-hour emergency assistance available through Naval Hospital emergency room and local crisis hotlines.
- Follow-up counseling at FSC.

2.8.2.2 FAMILY MEMBERS OF ACTIVE DUTY PERSONNEL

Walk-in Family Member Clients:

1. **Assessment:** Assessment procedures for the suicidal dependent client are the same as for the suicidal active duty client. The procedures are different in regard to the crisis intervention plan and treatment options.

2. **Crisis Intervention Plan:** Following assessment, the case manager will consult with a clinical supervisor, or if unavailable, with another FAP case manager. If it has been determined that the client may be a significant danger to himself or herself, these guidelines should be followed:

   - Every effort should be made to contact a family member, friend or neighbor to come to FAP to assist the client in accessing an appropriate mental health practitioner. This may involve contacting the command in order for the service member to be freed from duty. There is no reporting requirement to the service member's command when the situation involves a family member. However, if the service member needs to be notified regarding the dependent's emotional

status, the command may become aware of the situation

- If there is no one available to transport the client in an emergency situation, the police should be called to provide transportation.
- Each FAP needs to follow their local procedure for referring family member clients to TRICARE-approved mental health providers in the community. This may involve referring the client to an intake center or directly to an approved TRICARE provider. The case manager should notify the intake center or provider that a client needing their assistance and will arrive shortly.

3. Treatment Options:

- Hospitalization/evaluation: In cases where lethality is high and danger immediate, call for police or crisis team assistance. Have the client transported to the appropriate intake center for referral to a TRICARE-approved mental health provider, or directly to a TRICARE-approved mental health provider or facility (depending on the nature of the emergency).
- 24-hour emergency assistance available through local crisis hotlines
- Follow-up to ensure that recommended action has been taken and to reassess lethality

2.8.3 PROTOCOL FOR HOMICIDE

HOMICIDAL is the intent to do harm to others, and/or have potential for violent acting out and is inclusive of any person expressing homicidal ideas, thinking of homicide, contemplating homicide, or any person expressing intent to do bodily harm to another that is of a life-threatening nature. **HOMICIDE** is the commission of an act to end another's life, regardless of the method.

In situations involving family violence, it is possible for the violence to escalate to a lethal level. When assessing for safety and risk, the case manager must be aware of the potential for homicidal behavior. Each FAP should have a written Standard Operating Procedure (SOP) for homicide prevention.

2.8.3.1 ACTIVE DUTY AND FAMILY MEMBER CLIENTS

Assessment: The FAP case manager must complete an assessment of any client expressing homicidal intent. This assessment must include the following elements:

- **Evaluate Specificity of plan:** Does the individual have vague thoughts or a concrete plan? Note that the more specific the plan, the higher the lethality.
- **Means of accomplishment:** Does the individual have access to the means; has he or she acquired weapons?
- **Whereabouts of the individual they intend to harm.** Is the individual in the area or available to the client?
- **Past violent behavior:** Does the individual have a history of violent behavior such as fights in school or in bars, or domestic violence? Individuals who see violence as a viable option to solving problems are more likely to use violence.
- **Lack of feeling for consequences:** Does the individual appear apathetic or not care what happens as a result of the action they may take? Do they consider the consequences "worth it?" (indicative of high lethality)
- **Lack of impulse control:** Does the individual seem explosive, lack the ability to handle angry feelings, seek revenge for the terrible wrong they have suffered? (indicative of high lethality)

Although it may be rare that a client will be violent, the case manager needs to remain aware of this potential in order to protect his or her safety and the safety of others at the FAP site. In order to minimize the risk, the case manager must:

- Be aware of the client's access to weapons. No weapons are allowed. A case manager should leave the room immediately if he or she becomes aware of a weapon and directly notify a supervisor. Security should be called to remove the weapon. The client may get the weapon back through security, or a designated command representative may retrieve it.
- Excuse him or herself if in the context of the interview it becomes apparent that the client may be potentially violent. Security should be called for assistance and a clinical supervisor and the FAR informed.
- Not provoke the client.
- The case manager should not sit with the client where access to escape can be blocked. If for any reason the counselor is uncomfortable, he or she should consult with a supervisor before seeing the client or immediately upon sensing danger.

- At no time, compromise his or her personal safety.

2.8.3.2 WARNING THE INTENDED VICTIM

If, in the course of counseling, a clinician should become aware of a client's intent to do serious bodily harm to another, he or she is required by law (Tarasoff Decision) to exercise his or her duty to warn. This situation represents an exception to the Privacy Act.

In the California Supreme Court's words: *When a therapist determines, or pursuant to the standards of his profession should determine, that his patient presents serious danger of violence to another, he incurs an obligation to use reasonable care to protect the intended victim against such danger. The discharge of this duty may require the therapist to take one or more of various steps, depending upon the nature of the case. Thus it may call for him to warn the intended victim of the danger, to notify the police, or to take whatever other steps are reasonably necessary under the circumstances.*

In addition to assuring that the intended victim is warned and the police notified, a FAP case manager must also inform the following individuals:

- A clinical supervisor
- The FAR
- The Service Member's Command (if client is active duty) must be informed; with the client's consent if possible, but without the client's consent if necessary. Privacy Act restrictions do not apply in the case of life-threatening behavior. Commands should be notified as soon as possible. Command involvement is crucial in providing social control limits and in assuring immediate treatment intervention for the client. It may also be necessary to assure the continued security and safety of the members of the command. See Section 5.5, Exceptions to Confidentiality in the Military, for further clarification.
- Psychiatric staff at the MTF, with an evaluation arranged via the command.

2.8.4 DEALING WITH A FATALITY DUE TO ABUSE

A fatality due to abuse may occur in an already opened FAP case, or the case may come to the attention of FAP at the time of the fatality. Whatever the circumstances,

the following must be dealt with:

- **The immediate needs of the survivors:** The family members will be in crisis and necessary interventions may include using the resources of the FSC, MTF, command and chaplains. Surviving family members, especially young children, should be assessed and considered at risk.
- **Notifications:** The case manager or other involved staff must notify the FAR. The service member's command, and the respective child abuse or spouse abuse manager at PERS-661 should also be informed. As these cases tend to be high visibility and draw community attention, the FAO and the installation commanding officer should be informed. NCIS, security, CPS, etc. should be notified as appropriate.

If a spouse or child fatality has occurred, the CRC will review the case to determine if the death was a result of the abuse. The CRC review of the case must not interfere with any NCIS investigation. If the death is a result of abuse, a DD 2486 should be filed.

PART THREE: Scope of Services & Reporting Requirements

3.1 TYPES OF ABUSE

The Family Advocacy Program addresses the prevention, evaluation, identification, treatment and reporting of child and spouse abuse. The following definitions (See OPNAVINST 1752.2A, Enclosure 1 for the complete FAP definitions) are intended to provide guidance in the administration of FAP.

SPOUSE ABUSE: Includes, but is not limited to, assault, battery, threat to injure or kill, sexual assault, or any other act of force, violence, or emotional abuse (*see definition below under Child Abuse*), or undue physical or psychological trauma, or fear of physical injury. Spouse abuse includes abuse inflicted on a partner in a lawful marriage or on a person cohabiting with the service member.

CHILD ABUSE AND NEGLECT: Includes the physical injury, sexual abuse, emotional abuse, deprivation of necessities, or other abuse by a parent, guardian or any person providing out-of-home care who is responsible for the child's welfare. The term encompasses both acts and omissions. This term also includes offenders whose relationship is outside the family and includes, but is not limited to, individuals known to the child and living or visiting in the same residence who are unrelated by blood or marriage and individuals unknown to the victim. This includes child-to-child abuse. Specific types of child abuse are:

PHYSICAL ABUSE: Includes, but is not limited to, acts resulting in: death, serious physical injury or minor injury which includes bruises, welts, cuts, or twisting or shaking which do not constitute a substantial risk to the life or well-being of the victim.

SEXUAL ABUSE: Includes but is not limited to actions that employ, use, expose,

coerce, entice or induce a child to engage in or assist in any sexually explicit conduct. This includes, rape, molestation, prostitution, pornography, talking to a child in a sexually explicit manner, and any other type of sexual activity or exploitation between the offender and a child, when the offender is in a position of power over the child.

EMOTIONAL ABUSE: Actions include, but are not limited to, active, intentional berating, disparaging or other behavior towards the victim that adversely affects the psychological well-being of the victim.

NEGLECT: Actions or omissions by a parent, guardian or caretaker, which includes but is not limited to, deliberate or negligent withholding or deprivation of necessities (nourishment, shelter, clothing and health care), lack of adequate supervision, emotional or educational neglect and abandonment.

Further clarification of definitions can be found in TRANSLATION OF DD 2486 DATA FIELDS - DEFINITIONS OF TERMS FOR CHILD AND SPOUSE ABUSE INCIDENT REPORTS (See section 9.10.1).

See Appendix B for: FAP Definitions (OPNAVINST 1752.2A, Enclosure 1)

3.2 ELIGIBILITY

To be eligible for FAP services the following criteria must be considered:

1. **Military Medical Beneficiary:** An individual who is entitled to receive care from a military medical facility is eligible for FAP. Retirees may be assisted on a referral/ space available basis but a formal FAP case is not opened. Department of Defense (DoD) civilians based overseas and certain contract employees are also eligible.

2. **Current Allegation:** An incident of child or spouse physical abuse or neglect must have occurred within the past six months. An allegation of child sexual abuse is considered regardless of when the abuse occurred. Any allegation indicating an on-going pattern of potentially abusive behavior that the FAP worker judges to be a situation of imminent harm also makes one eligible for FAP services.

   Note: **Partner Abuse:** Situations in which couples are unmarried but living together or have an established relationship pattern (recently divorced, live together at times...) are eligible for FAP services. A non-eligible victim may be interviewed for information, safety planning and referral purposes.

3. **Imminent Risk of Harm:** If an injury has not actually occurred but the situation is dangerous and harm appears imminent, one is eligible.

3.3 REFERRALS AND REPORTING REQUIREMENTS

Referrals to FAP come from many sources as incidents involving child and spouse abuse must be reported (***SECNAVINST 1752.3A, 7e***). Military members are required by Navy Regulations to report offenses that come under their observation (except when they themselves are criminally involved in such offenses). To help achieve early intervention, offenders and potential offenders should be encouraged to seek assistance by self-referring.

3.3.1 REPORTING CHILD ABUSE TO FAP

In accordance with Navy Regulations, the following must report instances of child abuse/neglect to FAP:

- All DoN personnel must report any incident or suspected incident of child abuse occurring on a military installation or involving persons eligible for FAP. ***(OPNAVINST 1752.2A, Enclosure 4)*** This includes Medical Treatment Facility (MTF) staff and Law Enforcement officers.
- Commands who are aware of any incident of child abuse involving command personnel.
- FSC counselors are required to report in writing to FAP, within 24 hours, any incidents of child abuse reported by a victim or an offender.
- Chaplains and attorneys are exempt from reporting in certain circumstances (see Sections 5.7 and 5.8).

3.3.2 REPORTING SPOUSE ABUSE TO FAP

Spouse abuse is the most frequently reported type of family violence in the Navy. Spouse abuse must be reported to FAP as outlined below.

- By any military member who observes an incident of spouse abuse unless they themselves are criminally involved in such offenses.
- Commands who are aware of an incident of spouse abuse involving command personnel.

- MTF staff must report spouse abuse if there are injuries related to the abuse or the victim is in imminent danger. Notification should be immediate.
- Installation law enforcement/security department if there is a report involving physical injury or use of a dangerous or deadly weapon. Immediate verbal notification is required.
- Individuals not immediately involved in an incident that wish to make a report.
- FSC counselors should report in writing to FAP all cases of reported spouse abuse in which one or more of the following are present:
  - Victim consents to reporting of the incident to FAP.
  - Assessment indicates the victim is in imminent danger.
  - A history of potentially lethal violence, i.e., severe beating or use of a weapon.
  - Offender discloses the abuse.
- Chaplains and attorneys are exempt from reporting in certain circumstances (see Sections 5.7. and 5.8).

3.3.3 FAP REPORTING REQUIREMENTS: TO WHOM FAP REPORTS

The Navy and Civilian regulations determining the reporting of abuse may not always be consistent. For easy reference, it is recommended that each site insert a copy of all state and local laws and any relevant MOU, that apply to the reporting of child abuse/ neglect and spouse abuse into this section of the desk guide

When reports of abuse have been received by FAP, Navy Instructions require that the following sources be informed (if they have not already been notified):

- **NCIS:**
  1. All cases of major physical injury or intent of major injury must be reported to law enforcement (NCIS and base security/police)
- **CPS:**
  1. All child abuse/neglect allegations including child sexual abuse must be reported to the local, civilian Child Protective Services (CPS). OCONUS report as directed in accordance with treaties, etc. The person making the report should be prepared to furnish the following information:
     - Name, social security number, and address of child and guardian/parent
     - Child's age, sex, and race (if known)

- Description of alleged abuse/neglect
- Name of others, especially children, in the home (if known)

Note: Some states require a written referral to follow the verbal report. CPS will evaluate the degree of risk and prioritize cases. Therefore, a case may be low on a priority list if the child is not in imminent danger. If the case is rejected, the intake worker at CPS should be able to tell the counselor what additional information is needed or what factors would make it a protective services case. They may also suggest alternative resources. Response times vary but 48 hours is a guideline for emergencies.

- **PERS-661:**
  1. All child sexual abuse cases must be reported within five days. ***(OPNAVINST 1752.2A, Enclosure 4)***
  2. Out-of-home child sexual abuse cases must be reported by message within 24 hours (with information copies to the chain of command). ***For information on what to include in the message see OPNAVINST 1752.2A, Enclosure (4)***.
- **The Installation Commanding Officer:**
  1. Must be informed of allegations of child sexual abuse occurring in Navy-sponsored childcare facilities or activities.
- **Base facilities:**
  1. The base childcare center, recreation center, etc. must be notified if the allegation involves a worker there.
- **The Service Member's Command:**
  1. All opened cases of child abuse and all cases (even if not opened) in which an outside agency is involved must be reported to the service member's commanding officer immediately. This notification will normally include a general description of the problem and recommendations concerning command support needed.
  2. All opened cases of spouse abuse and all cases (even if not opened) in which an outside agency is involved must be reported to the service member's commanding officer or FAP point of contact. Contact should be immediate if there are current injuries and/or safety concerns.

3.4 LEVELS OF SERVICE

The FAP treatment model is designed to provide a logical continuum of care for child and spouse abuse interventions. The three levels of service are based on severity and specify who may provide the interventions.

1. **Level I Services:** These services are provided by Family Service Centers. The presenting problems are social-educational in nature (V Codes in DSM IV) and require minimum intervention time. Treatment strategies include social learning and informational approaches. Treatment examples include: parent education, self-help groups and educational groups.
2. **Level II Services:** Credentialed/privileged providers at FAP centers and FSCs, Medical Treatment Facilities (MTF), or civilian, TRICARE providers may provide these services. The presenting problems are more severe, longer term or there is evidence of long-standing, controlling behavior patterns and/or poor impulse control. Treatment strategies include counseling and educational/therapeutic groups. Treatment examples include Batterer's Group for Men and Group for Adults Molested as Children (AMAC).
3. **Level III Services:** These services may be provided by MTFs or a TRICARE provider but are not appropriate for an FSC. The presenting problems are serious and chronic and include a DSM IV, non-V code diagnosis. The offender's behavior presents a continuing threat to others. Treatment strategies will be long-term in nature. Treatment examples include individual therapy, family therapy and an Incest Offenders Group.

Further information on Levels of Treatment can be found in the CRC Kit, Section 6 of the Program References Volume.

PART FOUR:
Roles - The FAP "Players"

4.1 THE FAP "PLAYERS" - ROLES AND RESPONSIBILITIES

FAP is a multi-disciplinary program requiring the support and cooperation of all commands. To meet the needs of each client most effectively it is critical to understand the roles and responsibilities of Family Advocacy and other commands and facilities.

4.1.1 NAVY PERSONNEL COMMAND (PERS)

The Family Advocacy Program is a function of The Navy Personnel Command. Specifically, FAP is part of PERS-66, Personal Readiness and Community Support Division. The Chief of Navy Personnel designates a FAP manager at PERS-66.

The FAP Manager at PERS-66 is tasked with: ***(reference*: *SECNAVINST 1752.3A)***

- Managing, monitoring and coordinating implementation of policy and guidance for FAP
- Representing the Navy on DoD Family Advocacy Committee
- Coordinating with all applicable Federal and civilian organizations which address FAP issues
- Preparing budget submissions and staffing requirements
- Ensuring the operations of an automated Central Registry System
- Ensuring key community responders (military, civilian and contracted personnel) are trained in family violence risk factors and dynamics, and appropriate community responses.

PERS-66 responsibilities include:

- Providing guidance on education, prevention, policy and training. Guidance will focus on the multi-disciplinary approach and creation of a comprehensive,

coordinated community response to family violence.

- Providing consultation on clinical and safety issues.
- Consulting on all cases involving child sexual abuse allegations in DoD sanctioned out-of-home settings (family home day care, youth activities, etc. and managing those cases involving alleged offenders who are non-military.)
- Providing case management of all child sexual abuse allegations involving active duty service members.
- Approving transitional compensation cases for DoN (see Section 7.3, Transitional Compensation)

PERS-8, Military Personnel Performance and Security Division:

- Manages and acts as point of contact for COs in all cases involving allegations of child sexual abuse

4.1.2 INSTALLATION COMMANDER/REGIONAL LINE COORDINATOR

The Installation Commander/Regional Line Coordinator is responsible for the overall implementation and management of FAP locally. This position:

- Establishes Family Advocacy Committee and appoints committee Chair (0-4 or above)
- Appoints Family Advocacy Representative (FAR)
- Appoints Family Advocacy Officer (FAO)
- Ensures the establishment and appropriate training of the Case Review Committee (CRC)
- Ensures base security/shore patrol members receive appropriate training

4.1.3 FAMILY ADVOCACY PROGRAM REGIONAL COORDINATOR

The FAP Regional Coordinator provides technical and clinical oversight to FAP programs. Responsibilities include:

- Providing consultation and assistance to locals FAOs and FARs
- Monitoring expenditure of FAP funds for the region
- Ensuring effective coordination, cooperation and collaboration between and among agencies and commands throughout the region

4.1.4 FAMILY ADVOCACY OFFICER

The Family Advocacy Officer (FAO) is appointed by the Installation Commander/ Regional Line Coordinator to coordinate the administration and management of the installation's/region's Family Advocacy Program. The Director of the Family Service Center may be appointed the FAO. The FAO is responsible for:

- Maintaining clear lines of authority and accountability in FAP
- Ensuring the coordination of functions and the integration of services
- Drafting installation instructions
- Coordinating Memoranda of Understanding (MOUs) with civilian agencies
- Ensuring that Case Review Committees (CRCs) meet regularly
- Is liaison with PERS and BUMED

4.1.5 FAMILY ADVOCACY COMMITTEE

The Family Advocacy Committee (FAC) is the policy-making, coordinating and overseeing body for the Installation/regional FAP. This multi-disciplinary committee:

- Facilitates civilian/Military interface
- Recommends needed resources or programs
- Conducts needs assessments and long-range planning
- Serves as advocates for family and children
- Is chaired by an O-4 or above line officer who is appointed by the installation Commander/Regional Line Coordinator
- Is co-chaired by clinically privileged MTF staff member
- Includes the FAR, FAO, and representatives from: victim/witness services, family support programs, medical, law enforcement, legal, chaplains, youth and child services, shelters, installation and tenant commands. FSC clinical counseling staff may serve on the FAC.

4.1.6 FAMILY ADVOCACY REPRESENTATIVE

The Family Advocacy Representative (FAR) is a credentialed and privileged independent practitioner. The FAR:

- Implements and manages the intervention/rehabilitation aspects of the installation FAP.

4.1.7 CASE MANAGER - FAMILY ADVOCACY PROGRAM

The FAP case manager is responsible for all aspects of case management. The case manager:

- Assesses the needs of the client and family
- Arranges, coordinates, monitors, evaluates and advocates for services to meet the specific needs of the client and family
- Serves as the POC for the sponsor's command
- Provides on-going assessment
- Identifies and assists clients in meeting concrete needs
- Monitors treatment compliance and progress
- Presents cases to CRC
- Maintains case documentation

4.1.8 CASE REVIEW COMMITTEE (CRC)

The CRC functions include:

- Reviewing cases
- Reviewing available services
- Making determinations and treatment/intervention recommendations to FAR and Commanding Officer

CRC membership is multi-disciplinary. The CRC members are:

- Appointed by installation CO in collaboration with MTF Commanding Officer
- Normally not more than eight members
- Minimum permanent "voting" members (core) consist of :

  - Physician, FAR, clinically privileged Mental Health Provider, Judge Advocate, Line Officer (0-4 or above)
- Optional Permanent Members may consist of:

  - MTF or FSC Counselors, CPS Worker, Shelter Representative, Nurse, Base Security, NCIS Agent (non-voting), pediatrician, pediatric and or emergency room nurse, other physicians as appropriate.
- Consultants that may be invited in a specific case include:

- Alcohol counselor, Service member's CO or representative, Chaplain, Department of Defense School Personnel Counselor, Community Health Nurse, security officer, CDC Director/Representative. Service member's CO or Command Representative should be invited.

(See Part 6 for further information on the CRC)

4.1.9 COMMAND

SECNAVINST 1752.3A and **OPNAVINST 1752.2A, paragraph 6g**, delineate the FAP responsibilities of commands. Each command has a critical role in the success of FAP. It is the responsibility of the commanding officer to:

- Ensure command awareness of FAP
- Report cases of child or spouse abuse to FAP
- Implement FAP policies and procedures within the command
- Take appropriate actions to reasonably ensure the safety of victims
- Hold offenders accountable for their actions
- Appoint designated Point of Contact (POC) for FAP case referrals
- Take disciplinary/administrative action if the service members repeats the offense, fails to cooperate or to satisfactorily progress or to complete treatment

It is the role of the command POC to:

- Coordinate command FAP prevention efforts
- Maintain liaison with FAP
- Monitor service member's compliance
- Document command actions in FAP cases
- Represents command at CRC

4.1.10 MEDICAL TREATMENT FACILITY (MTF)

The MTF is responsible for the health care aspects of FAP. MTF staff:

- Identify and treat victims of abuse
- Report abuse to FAR and CPS
- A clinically-privileged MTF staff co-chairs the FAC and chairs the CRC

4.1.11 FAMILY SERVICE CENTER (FSC)

The Family Service Center is a key participant in FAP providing prevention, education, intervention and treatment. FSC responsibilities for FAP include:

- The lead role in prevention of family violence. Prevention and skill building programs include: parenting programs, stress management, problem solving and communication skills and financial education.
- The lead role for training of Navy personnel, commands and community representatives.
- Providing Information and Referral and Intake services
- Providing Level I FAP Treatment including crisis intervention, support groups, and anger management classes or groups. Many FSCs also provide Level II counselors funded by FAP.
- Reporting incidents of abuse to FAR within 24 hours
- Providing case updates

4.1.12 REGIONAL CHILD SEXUAL ABUSE RESPONSE TEAM

This multi-disciplinary team from a designated installation or area receives specialized training concerning the intervention process for complex and/or multiple victim cases of child sexual abuse.

Teams normally consist of: FAP Regional Coordinator, Judge Advocate General, NCIS special agent, FAR, pediatrician and FSC clinical staff. Lead by the FAP Regional Coordinator who provides overall coordination, the team is available for on-site consultation in their regional area. Each area should have a regional SOP outlining procedures.

PART FIVE: Confidentiality

5.1 FAP STANDARDS OF CONFIDENTIALITY

Confidentiality is an *ethical*, not *legal* concept that delineates procedures or policies that govern protection of sensitive personal information. The idea of confidentiality or privacy in the military environment is different than that used in a civilian setting.

The Privacy Act of 1974 was instituted to safeguard individuals against the invasion of personal privacy and to allow individuals access to any government records pertaining to them. The Privacy Act does allow the disclosure of information from a client's record without the consent of the client if there is a compelling "need to know" by selected officers and employees of the DoD who have a need for the record in the performance of their duties. Thus, if there is a "need to know" the information does not remain confidential or private.

Since the Privacy Act has been in effect for more than 25 years, most individuals connected to the military are familiar with its requirements and the associated record keeping. However, in order to protect the individual's rights and to establish and maintain credibility within the Navy community, it is imperative that the strictest standards of confidentiality be adhered to in regard to clients who are seeking FAP services. It is important to keep in mind that an allegation of abuse or neglect can place professional standing, social acceptance and career progression in jeopardy. This requires that information, including allegations and classifications of individuals, be treated with the highest degree of confidentiality. Some of the internal controls FAP can implement to create an environment that fosters client confidentiality include:

1. **Provide a separate waiting area**: For FAPs that are located within a Family Service Center, there is often a separate waiting area for counseling clients. This minimizes the opportunity that clients will meet someone they know while waiting for an appointment. It also gives some privacy to clients who are emotionally upset.
2. **Provide a counseling room that is soundproof**: Often this is difficult in some

facilities. The installation of white noise machines outside a case manager's office can help protect the confidentiality of clients.

3. **Safeguard case record files**: At the close of daily business or when staff members are out of the building, all case materials should be cleared from desk tops and routing boxes. Case materials, including documents which contain identifiable client information, inquiry and referral sheets, recording summaries and other correspondence should be kept in specified, monitored or controlled access room or areas (***Family Advocacy Program System Notice NO01752-1 of April 28, 1999***). Only authorized staff members should handle case materials. Electronic records must also be safeguarded. ***See Part 9 - Administrative Case Record Management for more information on this topic.***

4. **Provide an orientation process**: The orientation should explain the sensitive nature of FAP business, and outline the strict confidentiality guidelines personnel will be expected to follow while assigned to FAP. These guidelines need to be very clear, considering the personal nature of the information accessible to them. Every effort should be made to see that personnel temporarily assigned to FAP have limited access to confidential information. Volunteers, with the exception of supervised student counseling interns, should not have access to confidential client information.

5.2 CONFIDENTIALITY REQUIREMENTS

Confidentiality of records and information on FAP clients is critical to the professional credibility of FAP. FAP client records are established, protected, maintained, and eventually destroyed under the cognizance of:

- **SECNAVINST 5211.5D (Privacy Act)**
- **SECNAVINST I752.3A (Family Advocacy Program)**
- **SECNAVINST 5720.42E (Department of the Navy Freedom of Information Act).**

FAP records are listed under systems notice NO01752-1, Family Advocacy Program Systems, 64 FR 22842 of April 28, 1999. A systems notice describes the kinds of information the Navy may collect on an individual. It addresses, among other issues: what individuals information is being collected on, what kind of records and how and where they are stored, who within and outside DoD have access, how the individual can access his/her own record and what in the record can be released.

Pertinent instructions that all FAP case managers should be cognizant of are highlighted below.

- The **PRIVACY ACT OF 1974, 5 U.S.C. SECT. 552a** provides guidelines for the **DISCLOSURE OF INFORMATION ABOUT CLIENTS** by:
  - Limiting access to personal information contained in record systems
  - Mandating certain management safeguards for such records.
- **SECNAVINST 5211.5D,** Personal Privacy and Rights of Individuals Regarding Records Pertaining to Themselves, is the instruction which implements the Privacy Act in the Navy. FAP client records will be maintained in strict compliance with the **Privacy Act** and **SECNAVINST 5211.5D.**

Any member/employee of the Department of the Navy may be found guilty of a misdemeanor and fined up to $5,000 for willfully disclosing information protected by the Privacy Act to any unauthorized person or agency. Note that FAP volunteers are not members or employees of the Department of Defense for purposes of the Privacy Act, and consequently volunteers may not see a client's records.

- The **FREEDOM OF INFORMATION ACT (FOIA)** provides guidelines for handling **REQUESTS FOR ACCESS TO CLIENTS' RECORDS. SECNAVINST 5720.42D,** Department of the Navy Freedom of Information Act (FOIA) Program is the instruction that implements the FOIA in the Navy. The Privacy Act and the FOIA interface to protect the confidentiality of clients seeking services at FAP.

5.3 COMPUTERIZED DATA CONFIDENTIALITY ISSUES

With increasing computerization of client information within FAP (i.e., Electronic Case Management System) all staff need to be aware of security measures associated with computer usage. It is the responsibility of FAP personnel to formulate and implement a local policy with respect to the information being stored on automated systems. The policy components should address:

1. **Purpose:** Policy normally includes a statement describing why the program is being established. This may include defining the goals of the program. Security-related needs, such as integrity, availability, and confidentiality, can form the basis of organizational goals established in policy. For instance, in an organization responsible for maintaining confidential personal data, goals might emphasize stronger protection against unauthorized disclosure.

2. **Scope**: Policy should be clear as to which resources -- including facilities, hardware, and software, information, and personnel -- the computer security program covers. In many cases, the program will encompass all systems and organizational personnel, but this is not always true. In some instances, it may be appropriate for an organization's computer security program to be more limited in scope.

3. **Responsibilities:** Once the computer security program is established, its management is normally assigned to either a newly created or existing office.

4. **Specific Security Issues**: Password control and administration, data back-up and storage, physical security of data storage devices, internet access and prevention of unauthorized access (firewalls), data record destruction and case closing are all issues that must be addressed. ***Family Advocacy Program System Notice NO01752-1 of April 28, 1999,*** requires password protection and that terminals be located in supervised areas with access controlled systems.

5.4 CONFIDENTIALITY AND ITS APPLICATION TO FAP CLIENTS

The Privacy Act Statement is provided to the client whenever a FAP case is opened. This statement explains the Privacy Act and advises the individual about their rights. This statement will become part of the client's record. The victim, offender and emancipated minors, from whom personal information is obtained, must sign Privacy Act Statements to be put into their respective case files. (*A sample Privacy Act Statement for FAP is found in Section 5.4.1)*

To ensure that each FAP client is aware of all the exceptions to confidentiality in the military and cognizant of reporting requirements, the staff member should review the Privacy Act Statement with the client. The staff member will then witness the signature and fill in the date. If the client refuses to sign the Privacy Act Statement, an entry to that effect should be made on the statement and it should be filed in the case record.

FAP files are maintained under the name, case number and social security number of the client. Offenders and each of the victims have separate client files. Military sponsor names or other identifying information will NOT be used to identify files (unless it is an active duty victim who is his/her own sponsor). Other non-permanent records are maintained by case number only. All files within a family are cross-referenced by case number only. Military sponsors will NOT be granted access to the FAP client files of their family members. ***See Part 9 – Administrative Case Management for further information on case files.***

5.4.1 PRIVACY ACT STATEMENT FOR FAP

1. **LEGAL AUTHORITY FOR REQUESTING INFORMATION**: 5 U.S. Code 301, authorizes Secretary of the Navy to make regulations for the Department of the Navy. By SECNAVINST 1752.3A, Department of the Navy Family Advocacy Program, the Secretary established the Navy Family Advocacy Program, including the procedures to be followed in the collection and release of personal information.

2. **PRINCIPAL PURPOSE FOR WHICH YOUR INFORMATION WILL BE USED**: The information you provide will help the Family Advocacy Program professional staff to evaluate client needs and develop appropriate interventions.

3. **ROUTINE USES WHICH MAY BE MADE OF YOUR INFORMATION**: In addition to the principle purpose given in paragraph (2) above, your information may be used for one or more of the routine uses listed in the Federal Register notice for this system (including the blanket routine uses that are applicable to all Navy Privacy Act Systems of records). This Federal Register notice is available for you to see upon request.
   Routine uses include but are not limited to the following:
   a. Disclosure to state and local government authorities in accordance with state and local laws requiring the reporting of suspected child abuse and neglect;
   b. Disclosure to the appropriate federal, state, or local agency charged with enforcing a law, where Family Advocacy Program records indicate that a violation of law may have occurred;
   c. Disclosure to certain foreign authorities in connection with international agreements, including status of forces agreements (SOFA's); and
   d. Disclosure of the Department of Justice for litigation purposes.

4. **DISCLOSURE OF YOUR INFORMATION**: In addition to using the information you give us for the principle purpose and the routine uses stated above, your information may be disclosed in certain other specific circumstances, as permitted by exceptions to the Privacy Act. These could include releases to activities seeking information that may be evaluated in regard to clearances, personnel reliability programs, law-enforcement programs, life-threatening situations, substance-abuse programs, and family abuse situations.

5. **DISCLOSURE IS VOLUNTARY**: You need not disclose any information to us; however, failure to provide this information may hinder or prevent the Family Advocacy Program staff from being able to assist you.

I have read and understand the above Privacy Act Statement and the routine uses of the information that may be provided by me. My Family Advocacy case manager has explained the contents of the Privacy Act Statement to me.

_____ _____

Date Signature of Client

_____ _____

Date Witness

SAMPLE FORM (Adapted from information provided by various FAP sites)

5.4.2 CONFIDENTIALITY AND ARTICLE 31b RIGHTS

Reference: *OPNAVINST 1752.2A, Enclosure 3, Letter 6400, Pers-06L4 of 11 January1995, Subj.: FAMILY ADVOCACY TRAINING*

Article 31b states that no person subject to the Uniform Code of Military Justice (UCMJ) may interrogate, or request any statement from an accused or a person suspected of an offense without first informing him of the nature of the accusation and advising him that he does not have to make any statement regarding the offense and that any statement made by him, may be used as evidence against him at trial by court-martial. The military courts have held that an individual who is not subject to the UCMJ, but is acting as an investigative agent for law enforcement is also required to advise an accused of his Article 31b rights.

The court held that case managers who are subject to FAP regulations are not investigative agents of law enforcement and, therefore, need not inform alleged offenders of their rights under most circumstances. The following guidance regarding Article 31b helps clarify the role of the FAP case manager in this matter.

- FAP case managers are not required to provide Article 31b, UCMJ warnings when interviewing a service member for the purpose of diagnosis or treatment.
- Although FAP case managers are normally not required to provide Article 31b, UCMJ warnings, if knowledge of a felony level incident surfaces during an interview, the active duty alleged offender must be advised of his/her Article 31b, UCMJ rights.
- Article 31b rights warning should occur when a case manager questions a service member for the sole purpose of gathering incriminating evidence to advance a criminal investigation (when there is not a medical or clinical reason to ask).
- If a service member had been given a warning and then discloses an offense other than the type for which the warning was given, the case manager is under no obligation to interrupt a confession. The case manager may not question or otherwise encourage the member to continue without advising of his/her article 31b rights.
- If the case manager advises the service member of his/her Article 31b UCMJ rights, the completed statement is maintained in the member's file.
- NCIS should be involved in all cases in which the service member has been advised of Article 31b rights.
- If the case manager believes that an Article 31b, UCMJ rights warning should be given or is unsure, legal advice should be sought prior to conducting the interview.

5.4.2.1 SUSPECTED OFFENDER'S RIGHTS & ACKNOWLEDGMENT/ STATEMENT ARTICLE 31b

FULL NAME OF SUSPECTED OFFENDER	**SSN**
RATE/RANK AND BRANCH OF SERVICE	**DATE OF BIRTH**
ACTIVITY/DUTY STATION/UNIT	
FULL NAME OF INTERVIEWER	**SSN**
RATE/RANK AND BRANCH OF SERVICE	**DATE OF BIRTH**
ORGANIZATION	**BILLET**
LOCATION OF INTERVIEW	**DATE AND TIME**

RIGHTS

I certify and acknowledge by my signature and initials set forth below that, before the interviewer requested a statement from me, he/she warned me that:

1. I am suspected of having committed the following offenses: _____ Initials _____
2. I have the right to remain silent; and Initials _____
3. Any statement I do make may be used as evidence against me in a trial by court-martial. Initials _____
4. I have the right to consult with lawyer counsel prior to any questioning. This lawyer counsel may be a civilian retained by me at my own expense, a military lawyer appointed to act as my counsel without cost to me, or both, and Initials _____
5. I have the right to have such retained civilian lawyer and/or appointed military lawyer present during this interview. Initials _____

WAIVER OF RIGHTS

I further certify and acknowledge that I have read the above statement of my rights and fully understand them, and that, Initials _____

1. I expressly desire to waive my right to remain silent; Initials _____
2. I expressly desire to make a statement; Initials _____
3. I expressly do not desire to consult with either a civilian lawyer retained by me or a military lawyer appointed as my counsel without cost to me prior to any questioning; Initials _____
4. I expressly do not desire to have such a lawyer present with me during this interview; and Initials _____
5. This acknowledgment and waiver of rights is made freely and voluntarily by me, and without any promises or threats having been made to me or pressure or coercion of any kind having been used against me. Initials _____

SIGNATURE OF SUSPECTED OFFENDER	**DATE AND TIME**
SIGNATURE OF INTERVIEWER	**DATE AND TIME**
SIGNATURE OF WITNESS	**DATE AND TIME**

SAMPLE FORM [Source OPNAVINST 1752.2A. Enclosure (3)]

5.5 EXCEPTIONS TO CONFIDENTIALITY IN THE MILITARY COMMUNITY

The Privacy Act allows FAP to disclose information from a client's record WITHOUT the consent of the client in certain, carefully defined cases. Disclosure means a verbal or written review of the pertinent information contained in the record. It is the case manager's responsibility to provide a thorough explanation of the Privacy Act Statement, including exceptions. This allows the client to make an informed decision about what information is shared.

Following are examples of instances in which information may be disclosed without the client's consent:

- **Disclosure to officers and employees of the Department of Defense (DoD) who have a need for the record in the performance of their duties.**
- **Disclosure for a "routine use" of FAP records**. Routine uses are published in the Federal Register and are included in the Privacy Act Statement given to FAP clients. Those requesting disclosure pursuant to one of the routine uses listed below must put their request in writing. Four of the more important routine uses are:
  1. Disclosure to state and local government authorities in accordance with state or local laws requiring the reporting of suspected child abuse or neglect. In this case, there is no requirement to put the request for information in writing.
  2. Disclosure to the appropriate federal, state, local, or foreign agency charged with law enforcement, where FAP records indicate that a violation of law may have occurred.
  3. Disclosure to certain foreign authorities in connection with international agreements, including Status of Forces Agreements (SOFA's)
  4. Disclosure to the Department of Justice for litigation purposes.
- In addition to the disclosures listed above, FAP records, or information contained therein may be specifically disclosed as a routine use, outside of the DoD as follows (***Family Advocacy Program System Notice NO01752-1 of April 28, 1999, 64FR 22840)***:
  1. To the Executive Branch of government in the performance of their official duties relating to the coordination of family advocacy programs, medical care, and research concerning family member abuse or neglect.
  2. To federal, state or local government agencies when it is deemed appropriate to utilize civilian counseling and treatment of clients involved in abuse or neglect or when it is

necessary to refer a case to civilian authorities for civil or criminal law enforcement.

3. To authorized officials and employees of the National Academy of Sciences, and private and public organizations and individuals for authorized health research in the interest of the federal government and the public.
4. To officials and employees of federal, state and local governments and agencies when required by law and/or regulation in furtherance of family abuse prevention programs and other public health and welfare programs.
5. To officials and employees of state and local governments and agencies in the performance of their official duties relating to professional certification, licensing and accreditation of health care providers.
6. To law enforcement officials to protect the life and welfare of third parties. This release will be limited to necessary information. Consultation with the hospital or regional judge advocate is advised.

IN CASES WHERE THERE IS ANY QUESTION AS TO THE PROPRIETY OF DISCLOSURE, THE ADVICE OF A JUDGE ADVOCATE SHOULD BE SOUGHT.

Please note that this form is not required for "need to know" disclosures. The Record of Disclosure Form *(see Section 5.5.1*) should be added to case records upon recordable disclosure of information. The form should be physically affixed to the record from which the information is disclosed. The primary criteria for the disclosure form are that the selected method be one that will:

1. Enable an individual to ascertain what persons and agencies have received disclosures pertaining to him/her.
2. Provide a basis for informing recipients of subsequent amendments or statements of dispute concerning the record.
3. Provide a means to prove, if necessary, that the activity has complied with the requirements of the Privacy Act of 1974.

The disclosure accounting is maintained for the life of the record to which the disclosure pertains. FAP records are retained for 50 years and then destroyed. Electronic FINS records may be destroyed after five years.

5.5.1 RECORD OF DISCLOSURE FORM

RECORD OF DISCLOSURE – PRIVACY ACT OF 1974
OPNAV 5211/9 (Rev. 8-81)
S/N 0107-LF-052-1147

The attached record contains personal information concerning an individual. Its use and disclosure is governed by SECNAVINST 5211.5

UNAUTHORIZED DISCLOSURE OF PERSONAL INFORMATION FROM THIS RECORD COULD SUBJECT THE USER TO CRIMINAL PENALTIES

1. This sheet is to remain a permanent part of the record listed below.
2. An entry must be made each time the record or any information from the record is viewed by, or furnished to any person or agency, other than the subject of the record, except:
   a. Disclosures to DoD or DoN personnel having a need to know in the performance of official duties.
   b. Disclosures of items listed in paragraphs 14b (2) (e) and (f) SECNAVINST 5211.5 series.

TITLE & DESCRIPTION OF RECORD

DATE OF DISCLOSURE	*METHOD OF DISCLOSURE*	*PURPOSE OR AUTHORITY*	*NAME & ADDRESS OF PERSON OR AGENCY TO WHOM DISCLOSED, WITH SIGNATURE IF MADE IN PERSON*

SAMPLE FORM

5.6 REPORTING PROCEDURES - EXCEPTIONS TO CONFIDENTIALITY

In addition to reporting requirements for child and spouse abuse; alcohol abuse and drug use, the potential for suicide or homicide must be reported to the service member's command. Such contacts should be noted in the case record. The exceptions to confidentiality regarding suicide and homicide are found in Sections 2.8 – 2.8.3. The following procedural guidelines should be utilized when reporting exceptions to confidentiality in cases of alcohol and drug abuse.

5.6.1 ALCOHOL AND DRUG ABUSE

FAP case managers are presented with a variety of case situations in which alcohol and/or chemical dependency issues are a significant factor. FAP case mangers should assess each case to determine if alcohol abuse or drug use is a factor. In addition, the case manager should have a strong working knowledge of the military and civilian resources available to treat chemical dependency.

FAP case managers are **REQUIRED** to report:

- Any known or suspected current illegal or non-medical use or possession of drugs
- Alcohol abuse when it appears to impact on service member's ability to do his/her job

Reports should be made to the service member's FAP point of contact for a referral to the command DAPA (Drug and Alcohol Program Advisor) for an assessment.

The above applies to self-admission by the service member. If the report is made by an outside source (i.e. spouse), he/she may be referred to the command directly with his/her report.

5.7 CHAPLAINS AND CONFIDENTIALITY

According to ***SECNAVINST 1752.3A, Enclosure (2***), a reporting exception for all types of abuse is made for privileged communications between a victim or offender and a chaplain when such communication is made either as a formal act of religion or a matter of conscience. Chaplains are strongly encouraged to recommend to offenders that they voluntarily self-refer to FAP. Chaplains should advise, as appropriate, regarding available support resources.

Note**:* Privileged communication as defined by the Manual of Court-Martials does not include the following: Chaplains trained and credentialed as marriage and family therapists or other social service providers, ***when operating under those credentials, may not assume the existence of a privileged relationship. Therefore, they are required to adhere to the reporting requirements set forth by Navy Instruction.

5.8 ATTORNEYS AND CONFIDENTIALITY

According to ***SECNAVINST 1752.3A, Enclosure (2***), a reporting exception for all types of abuse is made for privileged communications between a victim or offender and an attorney when the lawyer-client privilege applies. When attorneys believe it is in the best interest of their clients they are strongly encouraged to advise offenders to self-refer to FAP. This can help prevent future assaults, end the cycle of escalating violence and eliminate other criminal acts. Clients should be advised by their attorney regarding their:

- legal options in military and civilian judicial and administrative proceedings.
- transitional compensation and other benefits that may be available should the offending service member be separated from military service for reason of family violence.

5.9 REQUESTS FOR ACCESS TO FAP CASE RECORDS

Requests for record access will be handled as follows in accordance with Systems Notice NO01752-1, Family Advocacy Program System (April 28, 1999, 64 FR 22840) and Systems Notice NO01754-1, Navy Family Support Clinical Counseling Records (April 28,1999, 64FR 22840):

5.9.1 REQUEST BY CLIENT

A request by a client for access to his or her own record will be handled in accordance with the ***Privacy Act*** and ***SECNAVINST 5211.5D***. The request should go to the Freedom of Information Act (FOIA) legal representative. Clients are not permitted direct access to their records. If the record is retrievable by the individual's name or personal identifier, a copy of all or parts of the record should be provided unless exemptions listed in ***Family Advocacy Program System Notice NO01752-1 of April 28, 1999,***

apply. Access does not extend to confidential materials other agencies have provided to FAP.

5.9.2 REQUEST BY COMMAND

The service member's command should always be provided with the information needed to make sound decisions and pursue an effective course of action in Family Advocacy cases. Information is provided verbally or in writing with copies of case materials provided in writing when needed for specific requirements such as court-martials or completing materials for PERS in a child sexual abuse case.

5.9.3 REQUEST BY THIRD PARTY

An oral or written third party request for access to a client's record made with prior written consent of the client will be handled in accordance with the ***Privacy Act*** and ***SECNAVINST 5211.5D***. A Release of Information Authorization form must be signed by the client(s) and included in the client's record. The request should go to the Freedom of Information Act (FOIA) legal representative.

5.9.4 REQUEST BY DoD PERSONNEL (OUTSIDE FAP) & ROUTINE USERS

A request for record access by DoD personnel from outside FAP and routine users will normally be in writing and signed by the person seeking the records.

The Privacy Act allows FAP to disclose information from a client's record without the consent of the client:

- To certain DoD personnel from outside FAP in certain carefully defined cases
- For "routine uses" that are published in the Federal Register and included in the Privacy Act Statement given to clients.

In the case of a request by an organization such as a governmental agency, the signature should be that of a person holding a position of significant authority in the organization, or at least equivalent to that of the head of the local branch of the organization. The decision to approve or to disapprove the request will be made by the FOIA legal representative.

5.9.5 REQUEST UNDER THE FREEDOM OF INFORMATION ACT

A Freedom of Information Act request for a FAP record will be handled in accordance with the Freedom of Information Act, SECNAVINST 5720.42E.

5.9.6 OTHER REQUESTS

Any other request for record access must be submitted in writing stating fully the "need to know" or other statutory basis for access, and must be processed through the Freedom of Information Act (FOIA) legal representative for disclosure determination. If a court subpoena is involved, consult with a Staff Judge Advocate.

Family Advocacy cases often prompt Congressional Inquires or generate publicity in the local media. Requests for information on these cases, despite pressure from outside sources, must be handled like any other request. Given the high visibility and demands of the situation, these inquiries should be handled immediately with the input and consultation of the Staff Judge Advocate and involved commands. Requests from the media should be referred to the Public Affairs Office (PAO). Commands do have requirements for filing SITREPS (A SITREP is a situation report; an update of the situation) in high visibility cases. Staff at PERS-661 is available to assist.

5.9.7 REQUESTS FOR RELEASE OF INFORMATION ON FINS CASES

Requests should be processed in accordance with the ***Privacy Act, and SECNAVINST 5211.5D and the Freedom of Information Act, SECNAVINST 5720.42E.*** The first step should be to contact the local Staff Judge Advocate for guidance and proceed as directed.

PART SIX:
Case Review Committee (CRC)

OPNAVINST 1752.2A, Enclosure (7) establishes the composition and guidelines for the CRC. *For further guidance and information on all aspects of the CRC: See the CRC Kit, Program References binder.*

6.1 PRIMARY FUNCTIONS

For a quick overview, see Section 6.1.1. "CRC Decision-Making Flow Chart"

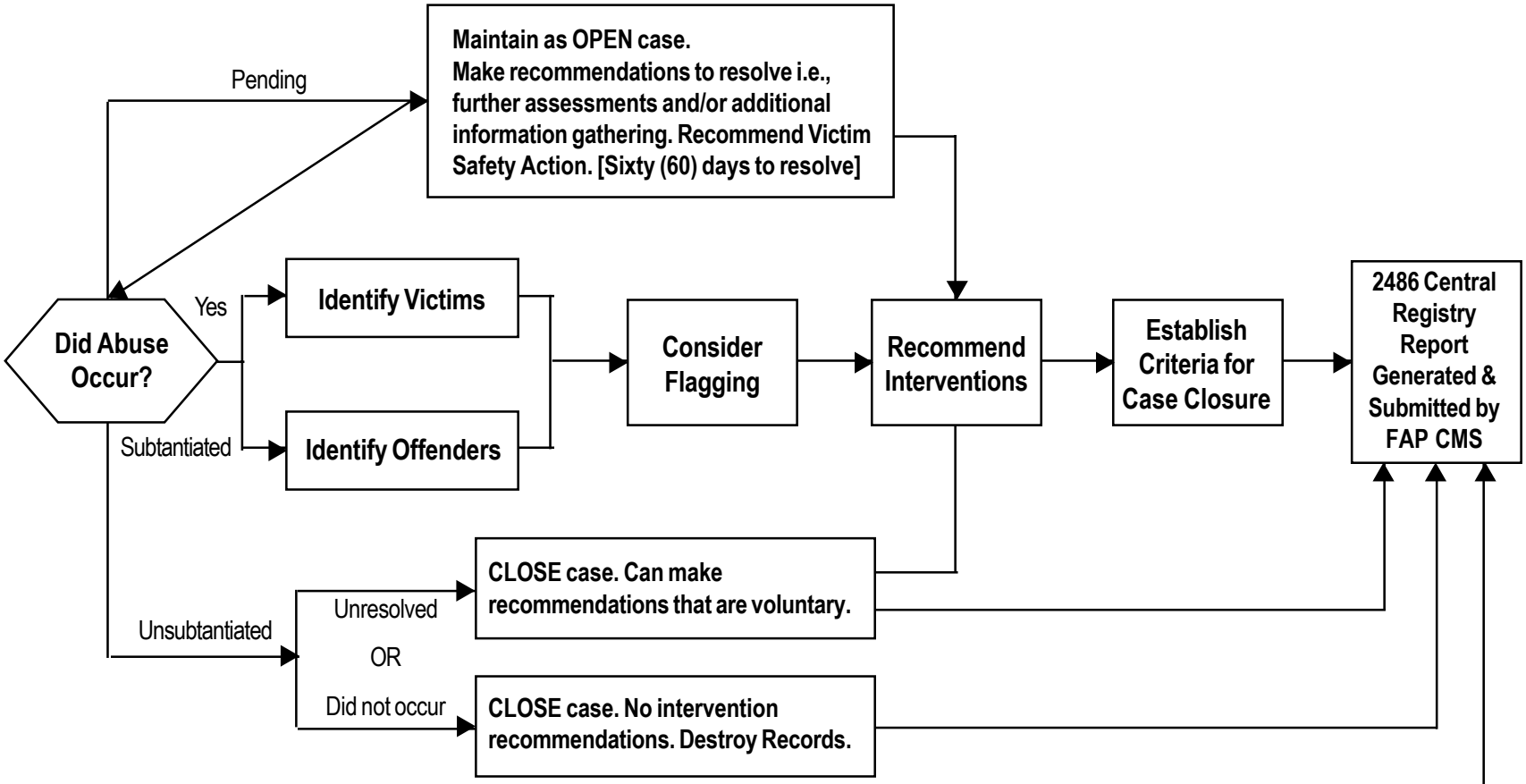
The CRC meets regularly; at least monthly and in some locales more often. Cases are reviewed after completion of investigation and assessments. The cases must be reviewed within 90 days of FAP having received an allegation of abuse.

- All incidents of child and spouse abuse involving DoN members and resulting in the opening of a FAP case are reviewed by a local, multi-disciplinary CRC. Depending on the size of the installation there may be separate CRCs for child and spouse abuse.
- Incidents of alleged child abuse occurring in DoD sanctioned child or youth care activities or family child care are reviewed.
- The primary purpose of the CRC is to make a clinical determination as to whether abuse or neglect has occurred. The CRC decides the identity of the offender, reviews available services and makes intervention and treatment recommendations.
- It is imperative that the CRC and NCIS coordinate so that neither the criminal investigation nor FAP intervention and treatment efforts are prejudiced or compromised.
- FINS cases are reviewed for Quality Assurance

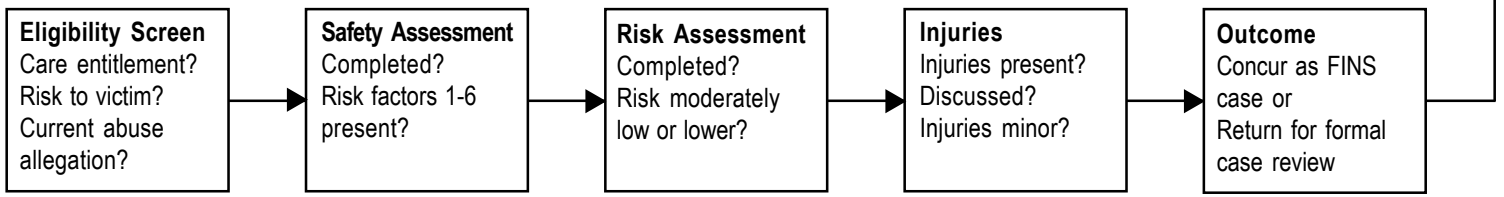
6.1.1 CRC DECISION MAKING FLOW CHART

A flow chart outlining the decision making process of the CRC follows.

CRC DECISION MAKING FLOW CHART



Quality Review Process for FINS Cases



6.2 COMPOSITION AND ROLES

The CRC is:

- Normally limited to not more than eight permanent members. Consultants may be invited to attend as appropriate.
- Multi-disciplinary to ensure that all aspects of the situation; medical, legal, investigative, social service and administrative, are considered in making determinations and developing recommendations.
- Chaired by a clinically privileged member of the Military Treatment Facility. The commanding officer of the Military Treatment Facility recommends the chair. The chair is responsible for facilitating the meeting and ensuring that procedures and membership are in accordance with instructions.
- The Installation commander/regional line coordinator appoints all members of the CRC.

The five members who must be present in order to conduct a CRC meeting are:

1. A line officer (O-4 or above): The line officer is not the Family Advocacy Officer and is not senior in the chain of command to any other member of the CRC. The line officer's role is to bring a working knowledge of the Navy's mission.
2. A Physician: The physician's role is to provide technical expertise and consult on all medical aspects of child and spouse abuse cases.
3. Family Advocacy Representative/Case Manager: This position has numerous CRC roles including: assess and gather all information for committee presentation, present the case, liaison with commands and invite them to participate, provide clinical expertise to the committee regarding the dynamics of abuse, report case progress and status updates, and assist in the implementation of CRC recommendations.
4. A Psychologist, Psychiatrist or clinically privileged mental health care provider: This role includes providing assessments that are relevant to specific issues of abuse and offering treatment recommendations for the purpose of assisting in case disposition.
5. Staff Judge Advocate (SJA): The responsibilities include: provide advice to committee members regarding DoN regulations and civilian laws, recommend actions to protect the victim and advise committee of potential punitive and/or administrative actions resulting from the alleged offense.

The other permanent members may include the following:

1. MTF Social Worker (or other clinical counselor with independent provider status)
2. FSC Counselor(s)
3. CPS worker: The CPS worker can provide direct information regarding the civilian investigation of child abuse and neglect. Efforts can be coordinated with the FAR to reduce multiple interviews of clients.
4. Shelter Representative
5. Pediatrician or Pediatric or ER nurse
6. Other Physicians as appropriate
7. NCIS agent (may not vote)
8. Base Security/ law enforcement agent: As a member of the CRC, Base Security is expected to provide details of the immediate response to the incident (as appropriate) and expert consultation on matters of policies and procedures associated with response to incidents.

The CRC should not have more than one member of the same discipline. An exception to this can be made if the members perform distinctly separate functions.

Invited consultants on a specific case may include security officer, drug and alcohol counseling personnel, chaplain, Child Development Center director, etc.

A service member's commanding officer, or representative, is invited to attend during the time the member's case is being presented. They do not take part in any decision making. Their role at the CRC is to provide the committee with relevant information about the service member that would impact on treatment and/or intervention recommendations. Please note that the commanding officer or representative represents the command, not the service member.

6.3 PROCESS

All findings and recommendations should be made, whenever possible, within 90 days of the receipt of the initial report by the FAR.

6.3.1 NOTIFICATION OF CRC CASE REVIEW

The CRC or its designee notifies both the service member and family members in writing via the service member's commanding officer at least seven (7) days in advance of the CRC's review of the alleged offender's case. The notification will include:

- The general nature of the allegations
- That the offender has the right to present a written statement or other written materials
- That a command representative may attend the meeting

The case manager may inform the civilian parties of the same rights and guidance but the official notification is sent via the service member's command. This is mandated by OPNAVINST 1752.2A as FAP is a line-managed program and it is the command's responsibility to hold offenders accountable for their actions and ensure victim safety.

6.3.2 CASE REVIEW AND DETERMINATIONS

The CRC must make several determinations in each case.

1. The first determination to be made is whether abuse occurred. Using input from all sources including medical records, police reports, and assessments by professionals, the committee determines whether the abuse occurred. The standard is "preponderance of information" a 51% standard that it is more likely that the abuse occurred than that it did not.
2. The second determination is to decide the identity of the offender. This decision is made using a combination of clinical and legal information. Input is necessary from the victim, witnesses, the alleged offender, family members, NCIS or police reports, the command and CPS.
3. The third determination is to decide what interventions are needed in the case. The interventions recommended should be related to the specific type and severity of abuse. The review of all information including the risk assessment and the member's service record is critical. The issues addressed are:
    - What treatment or counseling is needed for offenders, victims and family members

- What other support services are needed
- What actions may further diminish risk factors
- Administrative and/or disciplinary actions may also be requested

To assist the CRC in making a decision, a Navy CRC Decision Matrix has been created for both spouse abuse and child abuse. These matrices are designed to be a guide for the CRC in determining the severity of abuse incidents and making appropriate recommendations to commands on clinical and administrative interventions.

The spouse abuse matrix outlines five degrees of abuse based on:

1. The severity of physical abuse factors
2. The severity of non-physical abuse factors and
3. Risk factors

The child abuse matrix outlines five degrees of abuse based on:

1. The severity of harm to the victim
2. The chronicity of the abusive behavior and
3. Risk Factors

In addition to outlining degrees of abuse, the matrices detail the

1. Intent of Intervention and Sanctions
2. Clinical Intervention/clinical rehabilitation
3. Administrative Sanctions or Command Intervention Options

The matrices are intended to be used in conjunction with the Risk Assessment Model and the information presented by the case manager. **See: Appendix C– CRC Decision Matrix Guidelines**

6.3.2.1 CASE STATUS DETERMINATIONS

Reference: *OPNAVINST 1752.2A, Enclosure 7*

The case status determinations are to either substantiate or unsubstantiate the case, and if substantiated or pending, identify the offender.

1. **Substantiated:** A case that has been investigated and the preponderance of available information indicates that abuse has occurred. The information that supports the occurrence of abuse is of greater weight or more convincing than the information that indicates that abuse did not occur.

2. **Pending:** A case determination is pending further investigation. Duration for a case to be "pending" and under investigation should not exceed 60 days from the first report of abuse or neglect. These cases may require a psychosexual evaluation, drug/alcohol interventions, etc. before final determinations can be made.

3. **Unsubstantiated - Unresolved:** A case is ruled unsubstantiated - unresolved that has been investigated and the available information is insufficient to support the allegation of abuse and/or neglect (OPNAVINST 1752.2A). The preponderance of available information is lacking to either support or rule out an alleged incident of abuse. Referral to family support services may occur.

4. **Unsubstantiated - Did not Occur:** A case that has been investigated and the allegation of abuse or neglect is unsupported (OPNAVINST 1752.2A). The preponderance of available information does not support that abuse occurred. The family needs no Family Advocacy services.

The input of CRC members need not be given equal weight and each may present on their area of expertise. The concerns and expertise of each member is considered. Decisions are then made by a simple majority vote by permanent, voting members.

The CRC creates a written record/minutes of each case reviewed. The record contains the names of the alleged offender and victim(s), the disciplines who were present and how each voted; including any dissenting opinions, information that was considered and the basis for the CRC's findings. A copy of this form follows.

FAP CASE REVIEW COMMITTEE MINUTES

Case #:
Date:

Alleged Offender:
Alleged Victim:

Case Summary:
Describer here.

Status Determination:
Overall Level of Risk:

ATTENDANCE

VOTING PROFILE

Physician, Chair
FAR
SJA
Mental Health Provider
Line Officer

Consultants Present:
Command Representative Present?

BASIS FOR CRC DECISION

Alleged Offender Assessment
Alleged Victim Assessment
Security/Police Report
NCIS Report
Medical Report/Evidence
Witness Statement
Command Report
Written Statements by Alleged Offender
Written Statement by Alleged Victim
Other

DISSENTING OPINIONS

Describe if any.

RECOMMENDATIONS

Victim:
Recommendations here.
Offender:
Recommendations here
Non-offending Parent:
Recommendations here
Command/Other:
Recommendations here

FLAGGING DECISION

Record Flagged:
Flag Lifting Date:
Rationale for CRC flagging decision:

NEXT CASE REVIEW DATE:

6.3.2.2 FINS CASES

FINS cases are presented at the CRC for a quality review only, not for a determination of abuse. In cases where there are no safety factors 1-6 present and the risk is low, the case manager may present a summary of the incident to the CRC. Since the case is being presented only for quality assurance oversight, notifications to the alleged offender and victim of the CRC review are not required.

The CRC reviews the case for:

1. Eligibility
2. Safety Assessment: completed and the absence of Risk factors 1-6
3. Risk Assessment: completed and risk is moderately low or lower
4. Injuries: the presence of only minor injuries, and whether they were discussed (see Section 6.3.2.2.2.1 for a CRC Quality Assurance Review Checklist).

The CRC may concur that the case should be classified as FINS or request a formal case review. If case is determined to be FINS then non-identifying information about the case is entered into the Navy Central Registry for Spouse and Child Abuse. If a formal case review is requested then notification letters are sent (see Section 6.3.1) and the FAP case manager conducts a full assessment.

Note: If a case is presented to the CRC as a FAP case it can **not** be determined to be a FINS case.

6.3.2.2.1 CRC QUALITY ASSURANCE REVIEW CHECKLIST FOR FINS

A sample CRC Quality Assurance Review Checklist follows.

FAMILY ADVOCACY CASE REVIEW COMMITTEE
FAMILY IN NEED OF SERVICES (FINS)
QUALITY ASSURANCE REVIEW CHECKLIST

Case Name/Number: _____

Date of Review: _____

1. ELIGIBILITY SCREEN

Alleged victim or offender entitled to military medical care?	❑ Yes	❑ No
Imminent risk of harm to victim?	❑ Yes	❑ No
OR		
Current allegation of child/spouse/partner physical abuse, emotional abuse, neglect or child sexual abuse (occurring within past 6 months)?	❑ Yes	❑ No

2. SAFETY ASSESSMENT

Safety assessment completed?	❑ Yes	❑ No
Any risk factors 1-6 present?	❑ Yes	❑ No
If yes, which factors? 1 2 3 4 5 6		

3. COMPREHENSIVE RISK ASSESSMENT

Was a full assessment completed?	❑ Yes	❑ No
Overall level of risk is moderately low or lower?	❑ Yes	❑ No

4. INJURIES

Are injuries present?	❑ Yes	❑ No
If yes:		
Brief description discussed?	❑ Yes	❑ No
Injuries were minor?	❑ Yes	❑ No

5. CRC QUALITY REVIEW OUTCOME

❑ Case is appropriate to be categorized as FINS:

No abuse involved	❑	
Low level abuse involved	❑	
Appropriate referrals made	❑ Yes	❑ No

❑ Formal CRC review and status determination necessary.

6.3.3 FLAGGING A CASE:

Flagging is an administrative device to alert the detailer that additional clearance is needed before PCS orders are issued. This assignment control flag prevents PCS (Permanent Change of Station) orders to locations without treatment resources or ensures that case disposition is completed before transfer.

The flagging process is intended to prevent further stress on the service member and family and to prevent further abuse, and to ensure assignment to a location where adequate services are available.

Substantiated cases should be flagged by CRC if one or more of the following is present:

- Case is assessed as “moderately high to high” risk
- Repeat incidents which are assessed as “moderate to high” risk
- Juvenile/dependent sex offenders

The decision is based on:

- The severity of the incident
- The need for the member to remain where he/she is pending completion of investigation/assessment and/or
- The treatment requirements

The duration of the flag is up to one year and the flag lifting date is the FAP’s only system for assignment control. Depending on circumstances and case progress, a flag may be lifted early or extended. Non-specific flags require clearance from FAP before the detailer can issue PCS orders. A case may be transferred before or during treatment to an area where FAP services are available.

Child sexual abuse cases are flagged by PERS-8 and the flag remains until the case is closed by PERS-8. When a case is flagged for Child Sexual Abuse:

- Enlisted members are not eligible for reenlistment while the case is being reviewed
- Members are unavailable for transfer and advancements are held in abeyance
- For officers, promotion is delayed pending successful resolution of the case
- If case is unsubstantiated, the flag is lifted and the case is closed.

Note: Flagging does **not** preclude deployment of a member.

6.3.4 CRC RECOMMENDATIONS TO THE COMMAND

Reference: *OPNAVINST 1752.2A, Enclosure (7)*

Letters containing the status decision and specific treatment recommendations for the command, the victim and the offender are sent via the command within seven working days following the CRC. The letters contain:

- The names of the victim and offender
- The disciplines and positions of CRC members present and participating
- A synopsis of the information/documents considered and the information relied upon
- The findings and recommendations
- A Statement of Rights for the alleged offender or victim, as appropriate

The recommendations must address:

- The safety issues of the victim and interventions to assure safety (Continuation of MPO, etc.)
- The assessment of the offender for rehabilitation potential including stopping the abusive behavior
- Both immediate and follow-on actions
- Counseling, skill-building programs, support programs, education programs and/or
- Administrative/disciplinary action particularly in cases involving repeat incidents or failure to comply with previously mandated treatment

(See Section 6.3.4.2 for sample Determination Letters.)

The command will take appropriate steps to ensure that the CRC determination is forwarded to service member and civilian offenders and victims. The command may:

- Concur with CRC recommendations and/or
- Take other action

Upon receipt of the letter, the CO or the designee will:

- Review and discuss the case summary with the offender or victim or sponsor as appropriate. This may or may not include the CO's intended response to the CRC's recommendations
- Have the service member review and complete the Statement of Rights which outlines his/her right to request a review. (The Statement of Rights is an appeal process and not be confused with Article 31B Rights – see Section 5.4.2)
- Notify the CRC of the command's concurrence or non-concurrence with the CRC decision and the command's actions

6.3.4.1 SAMPLE STATEMENT OF RIGHTS

STATEMENT OF RIGHTS

1. The following persons may request review of the Case Review Committee's (CRC) determination to substantiate/unsubstantiate the allegations of abuse.

a. Alleged Military Offender when the CRC has substantiated allegations of abuse by the alleged military offender.

b. Alleged Civilian Offender when the installation CRC has substantiated abuse on the part of the civilian offender submitting a request.

c. Alleged Victim (military or civilian) when the installation CRC has unsubstantiated abuse in an incident in which the alleged victim was directly involved. If the victim is a minor child, his or her non-offending parent or other responsible adult may submit a request for review.

d. Commanding Officer of the alleged offender or victim, or the commanding officer of the sponsor of the alleged offender or victim may request the installation CRC reconsider its decision in an individual case.

2. If you are one of the individuals outlined above, you may submit a written request for review based on the presence of one or more of the following grounds for review.

a. Newly discovered information. You must demonstrate that:

(1) The information was discovered within 30 days of the date you were notified of the report of the CRC's decision.

(2) The new information is not such that it would have been discovered by you at the time of CRC case disposition in the exercise of due diligence; and

(3) The newly discovered information, if considered by the installation CRC, would probably produce a substantially more favorable result for you.

b. Fraud on the installation CRC. You must demonstrate that the fraud substantially influenced the CRC. Examples of fraud on the installation CRC which may warrant granting of review are:

(1) Confessed or proved perjury in statements or forgery of documentary evidence which substantially influenced the CRC.

(2) Willful concealment of information by one or more of the CRC members, which was favorable to the alleged offender/victim and you can demonstrate a substantial likelihood that knowledge of the information may have resulted in a different finding by the CRC.

c. Voting member was absent. If a voting member was absent and such absence negatively impacted upon a finding that the abuse was or was not substantiated. Identified voting members are the judge advocate, the physician, the psychologist, psychiatrist or clinically privileged mental health care provider, the line officer, and the FAR. You must demonstrate a substantial likelihood that the voting member's presence may have changed the outcome of the installation CRC case disposition. CRC attendance by a designated representative of the absent voting member will negate review on this ground.

d. Not guilty/guilty finding after a full trial on the merits. You must demonstrate that new or additional evidence was considered during the trial. The following limitations apply:

(1) The charge(s) decided upon during the trial on the merits must be directly related to the incident which formed the basis of substantiated/unsubstantiated abuse findings at the installation CRC case disposition, and;

(2) You demonstrate a substantial likelihood that the evidence in question, if considered by the installation CRC, may have produced a substantially more favorable result for alleged offender/victim, or the evidence directly impacted upon the finding of not guilty/guilty.

e. The decision of the CRC was based on plain legal or factual error. A review of the record establishes that the decision was based on plain error. An example of plain legal error is refusal to substantiate the allegations because the criminal statute of limitations has run. An example of plain factual error is that alleged offender was in confinement on the date the alleged assault took place at the victim's home.

3. You may submit a written request for review via your commanding officer or your sponsor's commanding officer to either the installation CRC or Navy Personnel Command (PERS) Millington, TN. Your request must be made within 30 days from today. If your request is denied by the CRC, you have an additional 30 days from receipt of the CRC reconsideration to request review by PERS.

   However, requests for review will not be granted unless you are one of the individuals listed in paragraph one above, and your request is based upon one of the grounds set forth in paragraph 2.

I have read and understand the rights above.

( ) I elect to request reconsideration by the CRC of their decision to substantiate/unsubstantiate the allegations in my case.

( ) I do not elect to request reconsideration by the CRC of their decision to substantiate/unsubstantiate the allegations in my case.

( ) I do not elect to request review of the CRC decision by the Headquarters Review Team.

_____ _____

Command Representative Signature

Date

Copy to:

FAR

SAMPLE FORM [Information from OPNAVINST 1752.2A, Enclosure (9)]

6.3.4.2 SAMPLE LETTERS

The following section contains samples of:

1. Letter of notification to victim
2. Letter of notification to alleged offender
3. CRC Status Determination letter to command
4. CRC Status Determination letter to victim
5. CRC Status Determination letter to alleged offender

The electronic Case Management System generates the letters of notification and status determination letters. The letters are designed to provide editing options. Anything within brackets can be modified.

NOTIFICATION LETTER TO VICTIM

1752
Ser
Date

From: Commanding Officer, (Naval Base)
To: (Service member) or (non-active duty spouse)
(Include rate, name, branch, SS# of service member)
Via: Commanding Officer (Service member's command)

Subj: FAMILY ADVOCACY PROGRAM CASE REVIEW COMMITTEE (CRC) MEETING

Ref: (a) OPNAVINST 1752.2A

1. A report of alleged spouse/child abuse/neglect involving you was received by the Family Advocacy Program (FAP). The FAP is available to assist active duty service members and their family members who are experiencing difficulties as a result of alleged child abuse/neglect or spouse abuse.

2. On (date and time) these allegations will be reviewed by the CRC at (location). Members of the CRC include a physician; mental health care provider; Family Advocacy Representative (FAR); JAG Corps Officer; a line officer (O-4 or above); other health care and family violence specialists and consultants. All of the available information will be reviewed and the voting members will make a multidisciplinary determination as to whether abuse has occurred and, if so, will also develop recommendations to be sent to your sponsor's commanding officer. Recommendations may include further assessments, various treatment options for you or your family members, administrative/disciplinary actions, and other safety actions as needed.

3. You may provide a written statement or other written information for consideration before the CRC. Please provide all information prior to the CRC meeting to your FAP Point of Contact who will provide it to the CRC. Your sponsor's commanding officer or his/her representative will be invited to attend the CRC review of your case. You may request that a FAP Victim Service Specialist (VSS) or Child Protective Services (CPS) worker attend the CRC as a consultant.

4. After the CRC meets, you will be informed of the CRC determination and recommendations, via your sponsor's commanding officer, and be provided information regarding your right to request a review of the CRC decision.

5. The Family Advocacy Point of Contact for this case is (FAR name)

By Direction

SAMPLE FORM (Adapted from information in CRC kit and FAP CMS)

NOTIFICATION LETTER TO ALLEGED OFFENDER

1752
Ser
Date

From: Commanding Officer, (Naval Base)
To: (Service member) or (non-active duty spouse)
(Include rate, name, branch, SS# of service member)
Via: Commanding Officer (Service member's command)

Subj: FAMILY ADVOCACY PROGRAM CASE REVIEW COMMITTEE (CRC) MEETING

Ref: (a) OPNAVINST 1752.2A

1. A report of alleged spouse/child abuse/neglect involving you was received by the Family Advocacy Program (FAP). The FAP is available to assist active duty service members and their family members who are experiencing difficulties as a result of alleged child abuse/neglect or spouse abuse.

2. On (date and time) these allegations will be reviewed by the CRC at (location). Members of the CRC include a physician; mental health care provider; Family Advocacy Representative (FAR); JAG Corps Officer; a line officer (O-4 or above); other health care and family violence specialists and consultants. All of the available information will be reviewed and the voting members will make a multidisciplinary determination as to whether abuse has occurred and, if so, will also develop recommendations to be sent to your commanding officer. Recommendations may include further assessments, various treatment options for you or your family members, administrative/disciplinary actions, and other safety actions as needed.

3. You may provide a written statement or other written information for consideration before the CRC. Please provide all information prior to the CRC meeting to your FAP Point of Contact who will provide it to the CRC. Your commanding officer or his/her representative will be invited to attend the CRC review of your case. You may request that a FAP Victim Service Specialist (VSS) or Child Protective Services (CPS) worker attend the CRC as a consultant.

4. After the CRC meets, you will be informed of the CRC determination and recommendations, via your commanding officer, and be provided information regarding your right to request a review of the CRC decision.

5. If there are any questions please contact (FAP case manager name and phone number).

By Direction

SAMPLE FORM (Adapted from information in CRC kit and FAP CMS)

CRC STATUS DETERMINATION LETTER TO COMMAND

1752
Ser
Date

From: Commanding Officer, (Naval Base)
To: Commanding Officer (service member's command)

Subj: FAMILY ADVOCACY PROGRAM CASE REVIEW COMMITTEE (CRC) DETERMINATION AND RECOMMENDATIONS PERTAINING TO (VICTIM NAME) SPONSOR: (RATE, NAME, BRANCH, SS#)

Ref: (a) OPNAVINST 1752.2A

Encl: 1. FAP CRC letter/Statement of Rights to (service member)
2. FAP CRC letter/Statement of Rights to (non-active duty spouse)
3. Command Response Letter

1. In accordance with reference (a) the Family Advocacy Program CRC met on (date) to consider the allegations of (abuse) involving (alleged offender's name). The following CRC members were present and participated in the case determination and recommendations:

Physician, Chairperson	Line Officer
FAR	SJA
Mental Health Provider	(list others)

2. The command representative in attendance/not present was (Rate/Rank Name)

3. After careful consideration of all available information the CRC determined this case to be (determination) for (type of abuse) of (victim's name) by (alleged offender's name). The following information was considered:

   The following information was decisive in making this determination:

4. The CRC recommends the following:
   (List all CRC recommendations for the offender, the victim and the non-offending caretaker)

5. The service member's record has/has not been flagged. The flag lifting date is (date).

(Continued)

6. Per reference (a) the command will:
    1. Review and discuss this case determination and recommendations in enclosure (1) with (service member's name)
    2. Ensure enclosure (2) is forwarded to (name of spouse)
    3. Review the Statement of rights with (the service member and spouse). Please forward a copy of enclosure (3) to (FAR and address)

7. Requests for a review of the CRC determination, as detailed in enclosures (2) and (3), by the CRC should be forwarded via the commanding officer to the Family Advocacy Representative.

8. The Family Advocacy Point of Contact for this case is (FAR name).

By Direction

SAMPLE FORM (Adapted from information in CRC kit and FAP CMS)

CRC STATUS DETERMINATION LETTER TO VICTIM

1752
Ser
Date

From: Commanding Officer, (Naval Base)
To: (Victim Name, if minor, non-offending parent of victim; if military specify rate, branch and SS#)
Via: Commanding Officer, (command)

Subj: FAMILY ADVOCACY PROGRAM CASE REVIEW COMMITTEE (CRC) DETERMINATION AND RECOMMENDATIONS PERTAINING TO (VICTIM NAME) SPONSOR: (RATE, NAME, BRANCH, SS#)

Ref: (a) OPNAVINST 1752.2A

Encl: Statement of Rights

1. In accordance with reference (a) the Family Advocacy Program CRC met on (date) to consider the allegations of (abuse) involving (alleged offender's name). The following CRC members were present and participated in the case determination and recommendations:

Physician, Chairperson	Line Officer
FAR	SJA
Mental Health Provider	(list others)

2. The command representative in attendance/not present was (Rate/Rank Name)

3. After careful consideration of all available information the CRC determined this case to be (determination) for (type of abuse) of (victim's name) by (alleged offender's name). The following information was considered:

4. The CRC recommends the following:
   (List all CRC recommendations for the victim and/or non-offending parent)

5. Requests for a review of the CRC determination as detailed in enclosure (1) by the CRC should be forwarded via the commanding officer to the Family Advocacy Representative.

6. If there are any questions, please contact (the case manager name and phone number)

Signature
By Direction

SAMPLE FORM (Adapted from information in CRC kit)

CRC STATUS DETERMINATION LETTER TO OFFENDER

1752
Ser
Date

From: Commanding Officer, (Naval Base)
To: (Alleged Offender name, if military specify rate, branch and SS#)
Via: Commanding Officer, (command)

Subj: FAMILY ADVOCACY PROGRAM CASE REVIEW COMMITTEE (CRC) DETERMINATION AND RECOMMENDATIONS PERTAINING TO (ALLEGED OFFENDER NAME)
SPONSOR: (RATE, NAME, BRANCH, SS#)

Ref: (a) OPNAVINST 1752.2A

Encl: (1) Statement of Rights

1. In accordance with reference (a) the Family Advocacy Program CRC met on (date) to consider the allegations of (abuse) involving (alleged offender's name). The following CRC members were present and participated in the case determination and recommendations:

Physician, Chairperson	Line Officer
FAR	SJA
Mental Health Provider	(list others)

2. The command representative in attendance/not present was (Rate/Rank Name)

3. After careful consideration of all available information the CRC determined this case to be (determination) for (type of abuse) of (victim's name) by you. The following information was considered:

4. The CRC recommends the following:
   (List all CRC recommendations for the offender)

5. Requests for a review of the CRC determination as detailed in enclosure (1) by the CRC should be forwarded via the commanding officer to the Family Advocacy Representative.

6. If there are any questions, please contact (the case manager name and phone number)

Signature
By Direction

SAMPLE FORM (Adapted from information in CRC kit)

6.4 QUARTERLY REVIEWS AND CASE CLOSURE

Quarterly Reviews:

Substantiated cases are reviewed by the CRC within 90 days for compliance and progress. The case is then reviewed every 90 days until it is closed. In addition to reassessing risk the reviews are conducted to:

- Ensure continued victim safety
- Monitor compliance with treatment
- Keep commands informed of progress

The case manager:

- Reassesses each risk factor
- Contacts the victim, offender, command and treatment providers to determine compliance and progress
- Presents case update to the CRC

The CRC Review Form found in Section 6.4.1 is completed by the case manager. The case manager can obtain the information for this form by going to the Risk Assessment Summary in the CMS and clicking on "RA Update". This generates the domains to reassess the case.

Case Closure:

The criteria for closing a case should be determined as part of the risk assessment and should have been addressed in the rehabilitation plan. The case manager completes a current risk assessment for consideration by the CRC. Criteria to be considered prior to closing a case are:

- Identified risk factors are reduced or eliminated so that the victim can remain safe and the risk of future maltreatment is reduced
- No subsequent incidents have occurred
- Recommended treatment including education and counseling are completed

Regardless of risk the case should be considered for closure when any of the following is present:

- Service member refuses to accept services or is non-compliant with the treatment plan
- Offender is determined to be a rehabilitation failure
- Offender is no longer available
- Offender is separated from the service
- In child abuse cases all children are now over the age of 18

Prior to presenting a Child Sexual Abuse case to the CRC for closure, PERS-661 must be consulted.

CRC REVIEW

Case #:
Case Determination:
Determination Date:

Offender:
Victim:
Initial Level of Risk

Treatment Recommendations:
Victim:
Recommendations here.
Offender:
Recommendations here
Non-offending Parent:
Recommendations here
Command/Other:
Recommendations here

Relevant Risk Factors:
I. INCIDENT; (1) Dangerous Acts (commission or omission); II. VICTIM; (2) Age; III. ALLEGED OFFENDER CHARACTERISTICS; IV. VICTIM / ALLEGED OFFENDER INTERACTION; V. ENVIRONMENTAL FACTORS; VI. NON-OFFENDING CARETAKER; VII. NON-OFFENDING CARETAKER(S) / VICTIM INTERACTION

Case Summary:

Additional Summary:

Date of Current Review:

Summary:

Subsequent incident(s)/allegation:
Updated Level of Risk:

Relevant Risk Factors:	**Increased**	**Decreased**	**Same**	**Resolved**	**N/A**
1.1 Dangerous Acts (commission or omission)					
1.2 Extent of Physical Injury or Harm					
1.3 Chronicity of Abuse / Neglect					
1.4 Sexual Abuse / Exploitation					
2.1 History of Witnessing Spouse Abuse in Family of Origin					
2.2 Age					
2.3 Vulnerability					

(Continued)

Relevant Risk Factors:	Increased	Decreased	Same	Resolved	N/A

2.4 Ability to Self-Protect
2.5 Alleged Offender Access
2.6 Behavior Problems of Child
3.1 Prior History of Abusive Behavior
3.2 Prior History of Childhood Victimization
3.3 Physical / Emotional / Mental Impairment
3.4 Recognition of Problem
3.5 Cooperation with FAP / Agencies
3.6 Skills and Knowledge
3.7 Alcohol / Drug Abuse
3.8 Sexual Aggression
4.1 Fear
4.2 Intimidation and Control
4.3 Attachment / Bonding
4.4 Response to Child's Behavior
5.1 Access to Social Support / Services
5.2 Ability to Cope with Stress
6.1 Prior History of Victimization
6.2 Cooperation with FAP / Agencies
7.1 Response to Disclosure/Protectiveness/Support
7.2 Availability of Non-Offending Caretaker(s)

Comments:

Additional CRC Recommendations:
Close Case:

Review in:

6.5 REVIEW OF CRC DECISION

Reference: *OPNAVINST 1752.2A, Enclosures 8 & 9*

CRC decisions are subject to the formal review process defined in OPNAVINST 1752.2A, Enclosure 9. In cases involving child sexual abuse the allegations are reviews in accordance with OPNAVINST 1752.2A, Enclosure 8. Under the conditions set forth in these enclosures, the CRC decision to substantiate or unsubstantiate allegations may be reviewed by the Headquarters Review Team (HRT).

The applicable sections of Enclosures 8 & 9 have undergone legal review. The following information is a brief summary. Please refer directly to OPNAVINST 1752.2A, Enclosures 8 & 9 for complete and detailed information.

6.5.1 REQUESTS TO REVIEW CRC DECISION

Requests for review of a CRC decision are limited to:

- Alleged Military offender
- Alleged Civilian offender
- Alleged Victim (military or civilian): If the victim is a minor child, his or her non-offending parent or other responsible adult may submit a request for review.
- Commanding Officer of the alleged offender or victim

Requests for review must be in writing, submitted within 30 days of receipt of the CRC's report, and based on one or more of the following grounds:

1. **Newly discovered information is available:**
   - Information was discovered within 30 days of the date the petitioner was notified of the CRC decision
   - The new information is not such that it would have been discovered by the petitioner at the time of CRC case disposition in the exercise of due diligence and;
   - The newly discovered information, if considered by the Installation CRC, would probably produce a substantially more favorable result for the petitioner.

2. **Fraud on the Installation CRC:**

   - The petitioner must demonstrate that the fraud substantially influenced the CRC decision. Examples that may warrant a review are: confessed or proved perjury in statements or forgery of documentary evidence which substantially influenced the CRC decision, or willful concealment of information by one or more CRC members which was favorable to the alleged offender/victim, and petitioner can demonstrate a substantial likelihood that knowledge of the information may have resulted in a different finding by the CRC.

3. **Voting member of CRC is absent:**

   - Such absence negatively impacted upon a finding that the abuse was or was not substantiated. For purposes of this section voting members are the judge advocate, physician, psychologist, psychiatrist, or clinically privileged mental health care provider, line officer, and FAR. The petitioner must affirmatively demonstrate a substantial likelihood that the voting member's presence may have changed the outcome of the CRC disposition. CRC attendance by a designated representative of the absent voting member will negate HRT review on this ground.

4. **Not guilty/guilty Finding after a Military or Civilian full trial on the merits:**

   - The alleged offender/victim must demonstrate that new or additional evidence was considered during the trial. The following limitations apply:

     1. The charge(s) decided upon during the trial on the merits must be directly related to the incident which formed the basis of substantiated/unsubstantiated abuse finding at the Installation CRC case disposition, and:
     2. The petitioner demonstrates a substantial likelihood that the evidence in question, if considered by the Installation CRC may have produced a substantially more favorable result for the petitioner, or the evidence in question directly impacted upon the finding of not guilty/guilty.

5. **The decision of the CRC was based upon plain legal or factual error:**

   - An examination of the record establishes that the decision was made based upon a plain error. An example of a plain legal error is refusal to substantiate the allegations solely because the criminal statute of limitations has run out. An example of a plain factual error is that the offender was in confinement on the date that the alleged assault took place at the victim's home.

6.5.2 PROCESS:

The following is the format for a request for review:

- Requests for review must be made in writing, state the basis for the request for review, and made within 30 days of receipt of the report of the CRC's decision.
- Alleged offenders and victims may file a formal written request for review to either the Installation CRC or the Headquarters Review Team (HRT).
- There is no requirement to request Installation CRC reconsideration before forwarding a request to the HRT. However, the request shall be forwarded via the responsible commanding officer.
- The responsible commanding officer will request input from the CRC prior to forwarding the request to the HRT.
- The CRC will forward their input within 15 days of the commanding officer's request

The CRC must reconsider any case within 30 days of the request.

- The FAR shall provide a final opinion to the requester.
- If the requester than elects to file a request for review with the HRT, the FAR will forward the written report of the CRC decision, and copies of all documents relied upon to make that decision to PERS-661 for disposition.

Note: Please refer to OPNAVINST 1752.2A, Enclosure (9), #4 for a discussion of time limits for reconsideration and review.

6.5.2.1 HEADQUARTERS REVIEW TEAM (HRT)

The HRT serves a dual function by:

1. Acting as the reviewing authority for all FAP cases where the member, victim, or command requests review of the CRC's substantiation decision and:
2. In child sexual abuse cases serving as an advisory group presenting clinical recommendations to PERS-6 and PERS-8.

The composition of the HRT is similar to the Installation CRC and includes representatives of various disciplines. PERS-6 appoints the chair. Members

include, at a minimum: law enforcement and legal representatives, a psychologist, a psychiatrist or clinically privileged mental health care provider, a pediatrician, a social worker familiar with the case and a line officer (0-4 or above) from PERS-8.

The HRT must review the case within 30 days of receipt of all available information. The HRT will review all available relevant facts/information that the Installation CRC considered. Recommendations will be made to the Assistant Chief of Naval Personnel, Personal Readiness and Community Support (PERS-6) as to whether the CRC decision should be upheld or overturned.

- In cases where the grounds for review have not been met, or where the person who has filed the request does not meet the criteria (see 6.5.1), the HRT shall return the request to the petitioner via the cognizant commander without addressing the merits of the request. In such cases, the HRT will prepare an endorsement stating the reasons the request was returned.
- The HRT shall make its decision based upon the record provided by the FAR, any information contained in the unit commander's endorsement, as well as any information provided by the petitioner. Requests that lack the required documentation shall be returned to the petitioner, via the cognizant unit commanding officer, without addressing the merits of the request. In such cases, the HRT will prepare an endorsement stating the reasons the request was returned.
- The HRT will prepare a written request in each case. In cases where the HRT recommends the request be granted the HRT's report shall cite the portion of the record that supports the decision. In cases where the request has been denied, the HRT's report shall state the reason the grounds were deemed insufficient.
- The members will attempt to reach a unanimous decision. However, if a unanimous decision cannot be reached, then each discipline represented will have one vote.
- All recommendations shall be forwarded to PERS-6 for final decision after a review of the entire record. The final decision will then be sent to the petitioner via the endorsing unit or installation commanding officer. Copies of the decision will also be provided to the Installation CRC.
- The decision of PERS-6 on any request for reconsideration resolved on the merits of the case shall be final.

The review will not consider the propriety of any actions taken by a commanding officer as a result of the CRC's findings. A service member who considers him/herself wronged by the actions of his/her commanding officer may seek redress through other means, to include Request Mast procedures or filing a complaint under Article 138, Uniform Code of Military Justice (UCMJ).

HRT also reviews child sexual abuse cases where there is a formal request for review as described above. A written report for each case reviewed will be forwarded to PERS-6. PERS-6 may take final action on the case or refer it to the CSARB.

Child Sexual Abuse Review Board (CSARB): The CSARB is a Flag level review board under the purview of PERS-6. It is comprised of principals from PERS-6, -2, -4, -8 and –06. The CSARB reviews cases referred by CHNAVPERS (Chief Naval Personnel) or his designee, PERS-6, PERS-2, PERS-4, PERS-8 and the HRT. The CSARB may also consider cases where the member requests further review after a HRT recommendation when a personnel action (other than entry of the member's name in the Central Registry) is pending or has been executed (e.g., the member will not be allowed to reenlist).

6.6 HOW TO PREPARE A CASE FOR THE CRC

The role of the FAP case manager is to ensure that the CRC voting membership has the information needed to make informed decisions. To do this most effectively, the case manager will have made every effort to access all pertinent data, complete the risk assessment and prepare recommendations.

The case manager should carefully consider the following in preparing a case for the CRC:

- The information should be presented clearly and concisely in a synthesized format.
- The information should be presented in a non-biased, objective and diplomatic manner. Although the case manager has his/her own opinion, their role is to present factual information so that the CRC can make an informed decision. An opinion should not be offered about the status determination unless requested by the CRC.

- A comprehensive risk assessment should be completed. These factors will determine what specific interventions are needed.
- An appropriate treatment plan should be prepared. Consider the relevant factors
- Have a clear recommendation to present.

When presenting to the CRC, the case manager uses the CRC Presentation Form *(see Section 6.6.1).* The CMS generates from previous input the initial information on the CRC Presentation Form. The remainder of the document is completed after the CRC meeting.

The section "Summary of Incident" should include the following information:

- Allegation: A brief statement regarding what was reported and by whom
- Victim's Statement: The victim's statements about the incident. Use verbatim quotes when available. If the victim was not interviewed or interviewed by another agency, provide all relevant information
- Alleged Offender's Statement: The alleged offender's statement about the incident. Use verbatim quotes when available. If the offender was unable or unwilling to be interviewed, state the reason.
- Witnesses/Children's Statements: Statements by any witnesses/children interviewed. Children should be interviewed in both spouse and child abuse cases.
- History of Abuse: Since the history of abuse in the relationship is a strong predictor of future abuse, a history should be included.
- Assessment: Relevant safety assessment factors, safety response and risk matrix factors.
- Reports: The content and findings of reports by other investigators and evaluators should be summarized.

The section "CRC Recommendations" should include the following information:

- Victim: Recommendations specific to the victim
- Alleged Offender: Recommendations specific to the alleged offender
- Non-offending Caretaker/Spouse: Recommendations specific to the non-offending caretaker or spouse.
- Children: Recommendations concerning the children (if not included as victim)

- Command: Recommendations for the commanding officer

FINS cases are presented to the CRC for a quality assurance review only. The CRC either concurs or requests a full assessment. When presenting a case for FINS determination to the CRC, the information obtained by the case manager is usually not as detailed since a full assessment may not have been completed. Be sure to include the following information in the presentation:

- The allegation with statements from the alleged offender and victim
- Collateral information such as police reports
- The results of the eligibility screen
- Information from the safety assessment including the presence of any factors 1-6
- Information concerning injuries
- Information from the full assessment, if completed

See Section 6.3.2 for information on the Navy CRC Decision Matrix. By familiarizing him/herself with these matrices/guidelines, the case manager can more clearly and effectively present to the CRC.

CASE REVIEW COMMITTEE PRESENTATION

Case Number:

Type of Case:

Referred By:
Case Name:
Assessed By:

Date Reported:
Command:
Overall Level of Risk:
> Likelihood of Future Abuse
> Level of Severity if Abuse Recurs

Date Presented:

Family Description:

Summary of Incident

Give brief description of who/what/where/when to include victim, offender and witness report. Include safety assessment factors of note, safety response and relevant risk matrix factors.

Safety Assessment Factors of Note:

i.e. Factor 1 marked: Yes

Relevant Risk Factors:

i.e. I. INCIDENT; (1) Dangerous Acts (commission or omission)

ETOH/Drug Use: ❑ Yes ❑ No

Identify Who: Substance: Amount:

REPORTS

- ❑ NCIS/Police:
- ❑ CPS:
- ❑ Medical Record Review/Findings:
- ❑ Other:

Status Determination:

CRC RECOMMENDATIONS

Assessments, Treatment, Command/other interventions

Victim:
Recommendations here.
Offender:
Recommendations here
Non-offending Parent:
Recommendations here
Command/Other:
Recommendations here

Record Flagged: Flag Lifting Date:

Next Case Review Date:

Additional Information:
Include if any.

Signature: Date Signed:

PART SEVEN:
FAP-Specific Issues

7.1 OVERSEAS/ISOLATED AREAS

7.1.1 FAP'S ROLE IN SCREENING FOR OVERSEAS ASSIGNMENT

Reference: *OPNAVINST 1300.14B, Suitability Screening for Overseas & Remote Duty Assignment, July 1995*

To determine whether a service member and his/her family are able to meet the requirements of overseas/remote duty assignment, they must undergo a screening process. The screening must be broad enough to detect a wide range of existing and potential problems. The suitability decision is the responsibility of the transferring commanding officer and must be based on all available information.

Sponsors and families involved in FAP may be considered for overseas duty and must be screened. The intent of the screening for FAP-involved families is to ensure that they are not placed at risk through assignment to an isolated duty station or stressful locations. Families identified as substantiated FAP cases are disqualified from overseas assignment while in treatment. Exceptions may be made on a case-by-case basis, dependent on the written recommendation of the FAR.

FAP's role in the screening process is to provide information and in the case of possible exceptions, make a recommendation to the transferring commanding officer. It is not the decision of the FAR, but of the transferring commanding officer to make the final determination of suitability.

7.1.2 UNIQUE FACTORS OVERSEAS

Family violence cases require a certain level of clinical expertise and the ability to coordinate a wide range of resources to make an effective intervention and ensure

the safety of all parties involved. Handling family violence cases can be difficult for FAP case managers, but handling these cases OCONUS presents particular challenges. Some of the unique factors that exist OCONUS that impact on the handling of family violence cases are:

- **Status of Forces Agreements (SOFAs):** SOFAs dictate local jurisdiction, which may be in conflict with certain procedures that are utilized in a family violence case in CONUS.
- **Limited community resources:** The support infrastructure is lacking. Services such as safehouses/shelters, visiting nurses program, CPS, etc., may not be available or accessible.
- **Limited clinical expertise:** The D(uty) FAR, who could be a senior HMC, a nurse, or a physician, may not have clinical training in the area of family violence. In addition, the number of individuals in clinical supervisory positions is limited, thus impacting on the amount of clinical case review that can be done.
- **Staff Judge Advocate (SJA) may be the only available legal resource:** The SJA can only represent the active duty service member, so the victim (in most cases the spouse) cannot utilize the SJA for legal counsel.
- **Maintaining confidentiality:** Keeping issues confidential can be a major problem**.** Military communities are often small and close-knit with all the families living in one housing area. Rumor control can be extremely difficult to implement.
- **Language barrier:** Resources in the needed language may not be available. Even if there are resources available in the local community, the language barrier can prevent individuals from seeking counseling or joining a support group.
- **Limited interventions:** If family violence occurs in a geographically isolated duty station where no appropriate resources are available, the only intervention may be early return of family member(s) to CONUS.
- **Need for victim protection:** There is generally no support system in place that offers protection for the victim while awaiting early return to CONUS.
- **Cultural mores/customs:** Local cultural mores may condone the use of violence within families. If a victim holds these cultural views, it can be difficult to make an effective intervention. It also contributes to the offender's tendency to minimize the negative impact of violence.

- **Additional coordination:** Additional documentation is necessary when the intervention requires early return of family members. Coordinating the paperwork and ensuring that the case doesn't "fall between the cracks" when the family is either returned early or transferred to CONUS requires substantial coordination and follow-up with personnel at the new duty station.
- **DoD civilian employees:** DoD civilian employees and their family members, as well as contract employees (if the contract specifies) are eligible for FAP services overseas. These cases are handled in the same manner as if they had an active duty member. Except, notifications are made to, and the case is coordinated with the installation commanding officer.

7.1.3 GUIDANCE

Reference: OPNAVINST 1752.2A

Accompanied service in overseas and isolated duty stations presents unique challenges. One of those challenges can be developing an appropriate response to family advocacy-related situations. This response must not conflict with the Status of Forces Agreement (SOFA) or other international agreements, and the jurisdiction of the cognizant foreign court. Unique challenges may exist in isolated sites within U.S. control because of a lack of trained personnel; and expeditious transfer to a location with available services is not practical. The following guidance is provided to assist when faced with these situations.

- In any case of alleged child abuse, **the safety of the victim** shall be the primary concern. In locations in which there is not CPS or the agency is not part of the SOFA agreement, the FAR has the additional responsibility of assessing the safety of the victim (with input from command, medical and law enforcement personnel). The FAR may request other professional input but shall have the situation **reviewed by the relevant Case Review Committee (CRC) on an emergency basis**. The FAR will advise the member's unit commander and the installation commander and recommend appropriate action as necessary. These actions may include:
- Interview of the child by a trained interviewer, skilled in age-appropriate techniques, which may be the installation FAR, Naval Criminal Investigative Service (NCIS) agent, physician, and/or mental health professional.

- The installation commander may order such an interview without the parents' consent if he or she determines that the interview is required to protect the health and safety of the child and civilian authorities are not reasonably available to direct such an interview.
- The interviewer is to take into consideration the following factors when arranging for the interview of a child: age of child; physical, mental, or emotional limitations of child; and parental concerns over child's comfort and well being.
- The child may be temporarily removed from the home, by order of the installation commander. The authority of commanders to remove children from their homes **without parental consent** is limited to situations where there is substantial reason to believe the life and/or health of the child is in real and present danger. It is also appropriate when there is no protecting and responsible adult in the home.
- Local law, agreements, or treaties in this regard may limit use of the commander's authority. Commanders should consult with an SJA before issuing such orders unless the delay caused by such consultation is, in the opinion of the commander, likely to result in death or serious bodily harm to the child.
- Commanders shall consider the following factors before making a decision regarding removal of a child:
  - Removal of a child from the home is a drastic action that could be challenged by the parents and, as a result, must be documented completely.
  - Whether the facts pertinent to the child's situation are fully known and whether alternatives to removal may exist. In this regard, input should be obtained from the installation FAR, CRC, and SJA. PERS-661 is available to provide advice as needed.
  - Removal decisions should be based, when possible, on legal advice that takes into account all relevant facts, local laws, and, in overseas locations, applicable treaties, SOFAs, and whether the host nation expressed an interest in the case or relinquished jurisdiction.
  - The consent of the parent allowing removal of the child for treatment and care should be requested and, if possible, obtained prior to removal. They may consent for the good of the child.
  - When not inconsistent with the safety and welfare of the child, afford notice and opportunity for the parents to present their side of the story before removal.
  - If the commander determines removal from the parent/guardian is indicated, a

written Child Removal Order (CRO) should be used. A sample CRO is found at the end of this section.

- If the installation commander determines a child is in physical danger, and the parents are unavailable or uncooperative, the commanding officer of the MTF may admit the child to an MTF or provide required medical care without parental authorization. Involvement of a parent or sponsor in the treatment process should always be sought to increase understanding and reduce resistance to medical care. However, this consideration should not be permitted to inappropriately conflict with identified victim safety concerns.
- If the commander determines removal from the parent/guardian is indicated, a written CRO should be used and a factual record of the decision and supporting information should be compiled. The FAR, in conjunction with the sponsor's command and the CRC, is responsible for developing and implementing a safety plan.

7.1.3.1 MILITARY CHILD REMOVAL ORDER

From: Commanding Officer, _____
(Name of Command)

To: _____
(e.g., duty officer, security officer, FAR)

(Via): _____
(Use only if applicable, i.e., regional coordinator)

Subj: MILITARY CHILD REMOVAL IN THE CASE OF _____
_____

Ref: (a) OPNAVINST 1752.2A

1. You are hereby directed to remove _____, son(s)/daughter(s) of _____ (and _____), from the family home at _____/ _____ [other location] _____). Unless otherwise directed by me or my designee, the above child(ren) will be returned to the home no later than _____, _____19____.

2. I am directing this action because I have substantial reason to believe that an emergency situation exists and that the above child(ren) may be in imminent danger of serious mental, emotional, or physical harm. Among the facts supporting this determination are (state facts that bear on the decision to remove).
   a.
   b.

3. During the period of removal you are directed to ensure the above child(ren) is/are placed in care of persons who are reliable and trustworthy and can provide a safe and secure environment.

4. You are directed to (state additional requirements, e.g. make contact with the parents/guardians as soon as possible and inform me when this has been accomplished):

5. This order shall remain in effect until _____ unless sooner cancelled by me, (by _____), or by higher authority.

Signature

[Source OPNAVINST 1752.2A Enclosure (11)]

FIRST ENDORSEMENT _____

From: _____
(Child's military parent or guardian)

To: Commanding Officer, _____
(Name of Command)

(Via: Use only if applicable)

1. I have read the above military child removal order and understand that I must peaceably comply with this order. I also understand that failure to comply with this order may subject me to disciplinary and/or administrative action.

_____ _____

SIGNATURE OF WITNESS/ DATE

SIGNATURE OF PARENT OR GUARDIAN/DATE

[Source OPNAVINST 1752.2A Enclosure (11)]

7.1.4 TRANSFER OF CHILD ABUSE CASES

When medically identified diagnostic or treatment needs are critical, but cannot be met by local resources, transportation of the member or family to a location having the required services may be recommended by the local FAP.

The installation commanding officer has full authority, subject to applicable regulations, to take action necessary to safeguard the health and welfare of personnel in overseas locations and isolated sites. These guidelines are focused on the provision of protection and treatment of family members. They are not intended to be used for punitive or other adverse administrative actions that may follow or occur simultaneously.

Transfer of families involved in child abuse cases should be considered under the following circumstances:

- The family is sufficiently dysfunctional so as to make them unfit for duty overseas or at isolated sites, or
- There is a substantiated case of child abuse and the children are at risk of further abuse, and either:
  - Sufficient local treatment/assessment services are not available (i.e. no English speaking therapists, no access to counselor with expertise in family violence), or
  - There is a lack of necessary local child protective services, or
  - The need for foster care placement exceeds the availability of out-of-home placement at the local installation.

7.1.4.1 DECISION-MAKING PROCESS

The CRC may substantiate an abuse case and further recommend, due to the severity of abuse, lack of local resources, or other reasons, that the family or family member(s) be transferred from overseas or isolated sites early.

Decisions to return families or family members in child abuse cases should be made only after case assessment and investigation are completed to the fullest extent possible and the following steps are taken:

- Referral to FAR
- Investigation/assessment by appropriate investigative and mental health

professionals.
- Notification to offender with opportunity to respond within a reasonable period of time (CRC to specify period).
- CRC determination of case status and recommendation including any request to transfer family/family member.
- Written recommendation to the commanding officer.
- Early return decision made by member's commanding officer.
- FARs and commands are strongly encouraged to consult with PERS-661 if an early return is being considered.

Further guidance, including message formats can be found in *1752, Ser 661/394 of 27 February 96, Subj: EARLY RETURN GUIDANCE IN FAMILY ADVOCACY PROGRAM CASES.*

Note: Early return decisions may be made in crisis situations requiring urgent action. It may be necessary to use telephone contacts and ad hoc committee meetings to make rapid case determinations.

Emergency actions may be needed to protect victims of maltreatment pending the early return of a family from overseas or isolated areas. These may include:
- Temporary hospitalization of victims,
- Temporary emergency shelter, or use of SAFE houses.
- Issue of Military Protective Order (Sample MPO is in Section 2.2.3.3.1)
- Use of area treatment/assessment resources for intervention.
- Criminal or administrative action against offender.

7.1.4.2 TRANSFER PROCESS

The FAR at the OCONUS location is responsible for taking steps to promote the safety of FAP clients returning to CONUS. The OCONUS FAR should:
- Coordinate with the FAR at the receiving location and provide complete case information including a referral for services, complete case file, treatment/ intervention plan, etc.
- Send a letter to the gaining command, for official use only, explaining the FAP case and recommending the command contact the local FAP (specify name and phone number).
- Arrange for escort(s) for unaccompanied minors or for children when neither parent can be assumed to be protective.
- Request follow-up reports from the gaining command, FAR, and CPS if member is

not transferred with the family.
- Enroll the child victim in need of treatment in the Exceptional Family Member Program (EFMP).

The receiving FAR assumes responsibility for case management when the family/family member arrives at the new installation. The receiving FAR is responsible for the following:
- Reviewing the case with the local CRC. This may include reconsideration of the entire case with any relevant new input.
- Reporting child abuse cases to the local CPS. Coordinate family court intervention if necessary.
- Assuming normal FAP case management duties.
- Providing case updates to the overseas/isolated site command as needed.

If the family is not returning to a military installation, the receiving FAR (closest to the family's CONUS destination) shall notify the appropriate CPS, and advise the family of the nearest available military family support services.

7.2 DISCIPLINARY ACTIONS AND REHABILITATION FAILURE

References: *SECNAVINST 1752.3A, OPNAVINST 1752.2A, MILPERSMAN 1910-142 Separation by Reason of Misconduct -–Commission of a Serious Offense, and MILPERSMAN 1910-162 Separation by Reason of Family Advocacy Program Rehabilitation Failure*

In all cases of spouse or child abuse, offenders must be held accountable for their actions. The possibility or imposition of disciplinary action is strong and often a necessary motivating factor in getting the service member to change his/her behavior.

The CRC makes recommendations to the service member's command concerning treatment and if appropriate, administrative/disciplinary actions (see section 6.3.4 CRC Recommendations to the Command). The decision to proceed with disciplinary action is solely at the discretion of the commanding officer.

7.3 TRANSITIONAL COMPENSATION

Reference: DoD Directive 1342.24 of 23 May 1995

The references cited above contain detailed information on transitional compensation including policy, responsibilities and procedures.

The transitional compensation program provides monthly payments and other benefits to the dependents of service members who have been separated for a dependent-abuse offense. The FAP case manager should inform abused family members of potential transitional compensation benefits. The program is specifically designed to encourage spouses and families of offenders to report abuse and if necessary, leave the offender.

- The purpose of the program:
  1. To counter the disincentive in reporting abuse. Abuse is often not reported because the dependents fear the loss of the service member's pay and resulting impact on their standard of living.
  2. To provide financial assistance and other benefits to victims.

- Eligibility for transitional compensation :
  1. The service member must have been on active duty for more than 30 days and after 29 November 1993:
     - be separated from active duty under a court-martial sentence resulting from a dependent-abuse offense;
     - *or* be administratively separated from active duty if the basis for separation includes a dependent-abuse offense;
     - *or* sentenced to forfeiture of all pay and allowances by a court-martial which has convicted the member of a dependent-abuse offense
  2. The abuse must have been against the then-current spouse or dependent child of the member and have been a criminal offense defined by 10 U.S.C. Sections 801-940, or other criminal code applicable to the jurisdiction where the act of abuse is committed. Crimes that may qualify as "dependent-abuse offenses" include, but are not limited to, sexual assault, assault, battery, rape, murder and manslaughter.

- Payments:
  1. Payments are made to the spouse, the natural parent of a dependent child (who is not married to the service member) or a court-appointed guardian.
  2. Payments begin the date the court-martial sentence is approved by the convening authority or administrative separation is initiated.
  3. The duration of payments shall be 36 months except if as of the date the payments begin the member's unserved portion of obligated active duty service is less than 36 months. The duration of payment shall then be the greater of the unserved portion or 12 months.
  4. The amount of the payment is based on the rate in effect for dependency and indemnity compensation (DIC) under 38 U.S.C., Section 1311(a)(1). This is a set rate with a cost of living increase on 1 December of each year. If payments are retroactive the amount paid is based on the rate in effect for the month the payment is being made.

- Payments terminate:
  1. If the service member resides in the same household as the spouse or dependent children.
  2. If the spouse remarries. A dependent child **not** living in the same household as the spouse or service member may continue to receive payments.
  3. If the dependent child victim lives with the spouse, and the spouse has been found to have been an active participant in the abuse.
  4. Once payments are terminated they cannot be resumed.

- Annual Certification:

1. To remain eligible, an annual certification is required.
2. The spouse shall annually certify on a Certificate of Eligibility (COE) that he or she has not remarried and has not been cohabiting with the member.

- Additional benefits:
  1. Commissary and exchange privileges during the duration of payments:
     - Family members are allowed the same commissary and exchange privileges as a dependent of a service member on active duty for a period of more than 30 days.

2. Medical and dental care through military facilities or TRICARE subject to the following limitation:
   - Medical or dental care for problems associated with the abuse. Entitlement of such care is limited to one year following the service member's separation and eligibility will be granted only upon request to the Secretary of the Military Department concerned.

Applications for Transitional Compensation are sent to Navy Personnel Command (PERS 661).

7.3.1 RETIREMENT BENEFITS UNDER 10 U.S.C., SECTION 1408 (H)

If a service member is retirement eligible (based on years of service) and is awarded a punitive discharge due to abuse, retirement pay is forfeited. The victim/spouse may be entitled to receive a portion of retirement pay and all retirement benefits if the following conditions are met:

- The spouse was the victim of the abuse that led to the member's separation or is the parent (birth or adoptive) of the dependent victim child.
- The spouse was married for at least 10 years to the service member
- The spouse obtains a divorce from the service member
- The divorce decree awards a portion of the disposable retired pay to the spouse
- Application for retirement benefits go directly to Defense Financing and Accounting Service (DFAS) Cleveland.

7.4 MEMORANDA OF UNDERSTANDING

Reference: SECNAVINST 1752.3A and OPNAVINST 1752.2A

A memoranda of understanding (MOU) delineates the ways in which a military installation and the local government and civilian agencies cooperate on issues pertaining to child and spouse abuse; including incident notifications, reporting, CPS involvement, etc. Memoranda of understanding will be entered into as appropriate to assist in:

1. Minimizing the gaps in service that may exist due to variances in State and Federal jurisdiction on an installation.

2. Providing for cooperation and reciprocal reporting of information.

3. Developing a community-based approach to family violence.

MOUs are developed by the installation commanding officer with assistance from the Judge Advocate General. At overseas locations, applicable treaties, Status of Forces Agreements and instructions will determine the nature and extent of cooperation with host nation authorities as appropriate.

FAP case managers need to be aware of local MOUs. Memoranda of understanding impact upon reporting, interviewing and the coordination of services for FAP clients.

PART EIGHT: Quality Assurance

The FAP Quality Assurance standards are not currently available. The development of the FAP QA standards is a collaborative process presently being developed by FAP Headquarters staff and field representatives. When available, the standards will be disseminated via FAP regional managers.

DEFINITION AND PURPOSE

Quality Assurance refers to activities designed to:

- Assess services systematically.
- Determine whether they comply with identified quality indicators.
- Correct any identified deficiencies.

Quality Assurance plans designed for human services program delivery should include:

- Analysis of quality of service delivery through reliance on client feedback, supervisory observations, quantitative and qualitative evaluation methods.
- Identification of deficiencies and development of corrective plans of action.
- Ongoing client needs assessment to develop responsive programs and services.
- Cost-effectiveness control procedures to prevent over-utilization and ensure that needed services are provided in a timely and efficient manner.

8.1 CREDENTIALING OF FAP COUNSELORS

Credential standards for FAP counselors are contained in:

(a) *DoD 6400.1-M:*
FAMILY ADVOCACY PROGRAM STANDARDS AND SELF-ASSESSMENT TOOL

(b) *SECNAVINST 6320.23:*
CREDENTIALS REVIEW AND CLINICAL PRIVILEGING OF HEALTH CARE PROVIDERS

(c) *SECNAVINST 1754.7:*
CREDENTIALS REVIEW AND CLINICAL PRIVILEGING OF CLINICAL PRACTITIONERS/PROVIDERS IN DEPARTMENT OF THE NAVY (DoN) FAMILY SERVICE CENTERS

(d) *BUMEDINST 6320.66A:*
CREDENTIALS REVIEW AND PRIVILEGING PROGRAM

Reference (c) notes all persons providing mental health counseling services and/or clinical supervision of mental health counseling services in FSCs and FAP Centers must be trained and credentialed according to their discipline by a Navy-approved credentialing source. Credentials are demonstrated by a combination of education, professional experience, and supervised experience. SECNAVINST 1754.7 categorizes clinical care provider functions into three distinct Tiers of professional qualification.

a. Tier I includes entry level providers who are collecting their supervised clinical hours to be applied toward licensure. Licensure/certification shall be completed within a 36-month period. Exceptions to this policy must be approved by CHNAVPERS/CMC-MR. These providers, who are not state licensed or state certified or whose license or certificate was not granted by a U.S. territory, must perform all clinical duties under the supervision of a licensed practitioner and under no circumstances can provide independent clinical care. SECNAVINST 1754.7 (Enclosure 4) provides details concerning the limits of practice for non-privileged providers.

b. Tier II includes providers who are state licensed or state certified (or were granted a license or a certificate by a U.S. territory) to provide independent clinical care. These providers are eligible to apply for clinical privileges to function as an independent practitioner.

c. Tier III includes providers who are state licensed or state certified (or were granted a license or a certificate by a U.S. territory), have been granted clinical privileges to function as an independent practitioner and have attained specified additional clinical experience. Clinical supervision of other FAP providers and the ability to function as a sole provider (often in remote locations) is restricted to providers who are qualified in Tier III. This three-tier model is designed to ensure quality clinical care delivery of services and to serve as a career path for Family Advocacy clinical counselors.

d. Practitioners functioning in Tiers II and III must possess a current, valid, unrestricted license or certification that grants independent status, per SECNAVINST 6401.2A, to be eligible for professional staff appointment with clinical privileges.

8.2 CREDENTIALING POLICY, REVIEW, AND PRIVILEGING OF FAP COUNSELORS

General Information

- SECNAVINST 1754.7 establishes the policies and minimum standards for credentials review and clinical privileging of FAP and FSC clinical counselors.

Policy:

- FAP clinical counseling is by design multidisciplinary. Counseling services offered by FAP meet a basic need for clinical counseling and reduce the costs associated with referrals to private social service providers. In order to achieve quality standards of FAP clinical services, clinical providers will function within a three-tier system of professional qualifications in the provision of clinical services. The provisions of clinical services provided by FAP will be consistent with staff resources, scope of practice, quality assurance procedures and guidance contained herein.
- Clinical counseling provided by FAP is intended to be problem focused and "brief". "Brief treatment" is not specifically defined in terms of an absolute number of sessions or for a finite time period. The intent is to focus counseling on well-defined problem areas amenable to relatively brief intervention/treatment. Clinical providers shall possess the clinical expertise to assess disorders contained in the standard nomenclature of the DSM, for the purposes of appropriate referral and quality client service.
- A centralized credentials database (CCDB) will be maintained at Navy Personnel Command (PERS-66). FAP clinical practitioners include, but are not limited to: Privileged psychologists, social workers, marriage and family therapists. Practice groups eligible for independent privileging are consistent with the current federal regulation (e.g.) 32CFR199.6 and 42CFR5.

Record Review

- *Records Audit.* The FAP Center Director, FAR or FSC Director is responsible for ensuring the audit of FAP files to guarantee all required documentation is present,

complete, and conducted in a timely manner. Audits shall not involve the reading or critique of clinical assessments, case notes, or treatment plans. Records will be selected randomly and audits conducted on a quarterly basis. Results and follow up actions will be documented in the "Records Audit" section of the Quality Assurance file.

- *Clinical Care Review*. Done by a clinically privileged practitioner. Consists of a review of clinical records to ensure the appropriateness of initial assessment, case notes, treatment plans, referrals and recommendations for the termination of treatment. Conducted on a quarterly basis. Review shall include a random sample of 10% of cases opened that quarter and 5% of records closed that quarter.
- *Supervision/Consultation.* All FAP providers will participate in clinical supervision or consultation depending upon their privileging status.
- *Client Satisfaction.* Surveys will be conducted to evaluate the quality of FAP care. Both clients and Commands will be surveyed. Results shall be analyzed on at least a semiannual basis and incorporated into the QA files.
- *Critical Incident Review.* Installation commander (or designee) will convene locally established critical incident review committee to review any allegations of unethical behavior, life-endangering incidents, and/or allegations of deviance from accepted practices. If a critical incident review committee recommends a change in a clinical provider's privileges or a termination of professional staff appointment, a Peer Review Panel shall be established. (Refer to SECNAVINST 1754.7, Enclosure 5)
- *Confidentiality.* FAP and commands shall ensure compliance with the Privacy Act of 1974 and 10 U.S.C. 1102 with respect to client records and provider/practitioner records.
- *Referral to outside sources:* Individual family members seen by FAP staff may be referred to community resources for counseling and or other assistance. In such cases, adequacy of care provided by the referral source must be evaluated in accordance with service specific guidance and local protocols.

Clinical Privileges

- Clinical privileges are the type of practice activities permitted within defined limits based on the practitioner's education, ability and judgement. Standardized privileges for all clinical staff are consultation, differential diagnosis, and treatment planning. On the following page is a chart of diagnostic and therapeutic procedures for Clinical Psychologists, Clinical Social Workers, and Marriage and Family Therapists.

8.2.1 DIAGNOSTIC AND THERAPEUTIC PROCEDURES

PRIVILEGES	APPLICABILITY TO SERVICE PROVIDERS		
Diagnostic/Therapeutic Procedures	**Clinical Psychologists**	**Clinical Social Workers**	**Marriage & Family Therapists**
Interviewing	✓	✓	✓
Major types of psychotherapy including short term, long term, psychodynamic, family, marital, group, individual, and behavior therapy	✓	✓	✓
Community Outreach & Systemic Consultation	✓	✓	✓
Mental Status Examination	✓	✓	✓
Crisis Intervention	✓	✓	✓
Case Management (Family and Individual)		✓	✓
Medical Discharge Planning		✓	
Psychosocial History Taking	✓	✓	✓
Special Psychological Examinations	✓		
Evaluations for Suitability and Fitness for Duty	✓		
Administration and Interpretation of Psychological Tests	✓		
Discharge Planning		✓	

Delineation of Privileges

Clinical privileges are given to the individual by the Chief of Naval Personnel (CHNAVPERS) or designee, following application review and completion of a satisfactory provisional period. Assignment of clinical privileges will be based on demonstrated education, training, experience and competence.

Evaluation of Privileges

Designated privileging authorities will maintain an Individual Credentials File (ICF) on all clinical privileged and non-privileged practitioners. Designated credentialing authorities will also maintain an Individual Professional File (IPF) on all clinical non-privileged providers. Contractors will maintain a current ICF/IPF for their employees working within FAP and will provide a copy to the designated privileging authority. The ICF/IPF will contain documentation related to the clinical provider's current and past licensure/certification status, education and training, professional experience, current competence and other items listed in SECNAVINST 6320.23 in accordance with service specific guidance. Commanding officers must ensure the information contained in the ICF/IPFs is monitored, continually updated, and reported quarterly. Commanding officers must also ensure full compliance with all requirements relating to Quality Assurance and 10 U.S.C 1102. The ICF/IPF will be transferred with the providers through their course of DoN employment or archived upon their departure from DoN employment.

PART NINE:
Administrative Case Management

This section details the administrative management of a case record from opening to closing. Guidance for FAP record keeping is found in:

- ***Family Advocacy Program System Notice NO01752-1 of April 28, 1999***
- ***JOINT LETTER, BUMED 1752, Ser 34/0318 – BUPERS 1752, Ser 661/01519, dated 6 January 97***
- ***Navy Family Support Clinical Counseling Records Systems Notice NO 1754-1 of 28 April 99***

Note: The Family Advocacy Program has implemented an electronic case management system (CMS). Presently, the system is in place and operational at most FAP sites. However, not all forms that are contained in a case record are electronic (i.e., a form that a client must sign remains a paper copy). In the following sections that address the set-up, order, etc., of a case record, the information pertains primarily to paper copy and offers suggestions on how paper copy and electronic records could be combined.

9.1 OPENING A CASE RECORD

Each FAP site has a log book for documenting reports. All referrals to FAP must be entered in the FAP log book using the following guidelines:

- A case is a single victim who may be involved in one or multiple abuse incidents
- If there are multiple victims each counts as a separate case
- Offenders are not counted as a separate case
- If a case is screened out as Information and Referral or classified as FINS (Family in Need of Services) the log book entry must remain for tracking and statistical purposes.

9.2 ASSIGNING A CASE RECORD NUMBER

Case record numbers are assigned chronologically in the order in which the report is received by FAP. Each case consists of three parts:

1. **The victim file**
2. **The offender file**
3. **The other non-permanent file**: This file includes all documents generated outside of Fap. The materials pertain to the victim, the offender or both.

The victim and offender case files have the same number that consists of eight digits, a letter code and a letter suffix.

- The first 4 digits - the fiscal year
- The second 4 digits – the chronological numbers in the order report is made
- Following the numbers is the code:
  1. C = child abuse and neglect (includes physical and sexual)
  2. S = Spouse Abuse
- Following the code is a suffix:
  1. V = Victim, if more than one add a number – V1, V2, etc.
  2. O = Offender, if more than one add a number – O1, O2, etc.

The "other non-permanent" record:

- Will have the same case number as the victim and offender but no suffix (V or O).
- Contains information on both the victim and offender

Separate files will be kept on child and spouse abuse cases even if in the same family.

***Note**:* A child being assessed in conjunction with a spouse abuse case and determined to be in need of services for children who witness violence- these contacts should be documented in the spouse victim record.

Example of Case Record Numbering:

In this example, there is an alleged child abuse case with one offender and one victim

1. Case number of Victim: 19990001CV
2. Case number of Offender: 19990001CO
   - In subsequent incidents involving this child as the victim the original number is maintained
   - In subsequent incidents involving this child with a different offender: the

offender's case would have the same case number as the original offender with the suffix delineating the different offender, i.e. 19990001CO2

- Cases of spouse abuse involving this same family would be numbered in chronological order of when report was received and the case record numbers would be cross-referenced.

Note: **ALL CASES NUMBERS INVOLVING THE SAME FAMILY SHOULD BE CROSS-REFERENCED ON THE LABEL OF EACH CASE FILE**

9.3 CONTENTS AND ARRANGEMENT OF A CASE RECORD

Paper copies of cases should be kept in a manila file folder. There are separate case files on all victim(s) and all alleged offender(s). The non-permanent record includes all documents generated outside of FAP, i.e. NCIS reports, correspondence, etc. There is only one non-permanent record and it contains information on both the victim and offender.

The content of FAP records is established by ***JOINT LETTER, BUMED 1752, Ser 34/0318 – BUPERS 1752, Ser 661/01519, dated 6 January 97 and Family Advocacy Program System Notice NO1752-1 of 28 April 99***. The order of the case record is not mandated but a suggested order can be found in Section 9.3.4.

9.3.1 CONTENTS OF VICTIM FILE

The following items must be in the victim's file. Additional forms and content are often included. These may include locally generated forms, CRC notifications, etc.

1. Risk Assessment which includes the following:
   - Incident Report/Eligibility Decision/Case Status Decision (INCIDENT REPORT, NAVPERS 1752/2, 1-97)
   - Demographics Form (DEMOGRAPHICS, NAVPERS 1752/3, 1-97)
   - Safety Assessment/Decision/Response (SAFETY ASSESSMENT, NAVPERS 1752/4, 1-97)
   - Risk Focused Assessment Reports - Domains I, II, III, IV, V, VI, VII (RISK FOCUSED ASSESSMENT REPORT, NAVPERS 1752/9, 1-97)
   - Risk Assessment Summary/Findings (RISK ASSESSMENT SUMMARY NAVPERS 1752/6, 1-97)

- Intervention Plan (INTERVENTION PLAN, NAVPERS 1750/8, 1-97)
- Case Review Committee Presentation (CRC COMMITTEE PRESENTATION, NAVPERS 1752/11, 1-97)

2. Video/audio tapes of contacts with victim
3. Case notes on contacts with victim and on collateral contacts about victim (CASE NOTES, NAVPERS 1752/10, 1-97)
4. FAP generated correspondence regarding abuse or neglect of victim
5. DD Form 2486 (original)
6. Privacy Act Statement signed by victim
7. Documentation of contacts with children who are not victims of abuse or neglect
8. Other supporting data generated by the FAP staff and relevant to the abuse or neglect of the victim
9. FSC Treatment Notes

9.3.2 CONTENTS OF OFFENDER FILE

The following items must be in the offender's file. Additional forms and content are often included. These may include locally generated forms, CRC notifications, Article 31b Rights or Supplemental Care forms, etc.

1. Initial Assessment – Intake (INCIDENT REPORT, NAVPERS 1752/2, 1-97)
2. Client Fact Sheet (demographics) (DEMOGRAPHICS, NAVPERS 1752/3, 1-97)
3. Risk Focused Assessment Report Domain III (RISK FOCUSED ASSESSMENT REPORT NAVPERS 1752/9, 1-97)
4. Video/audio tapes of contacts with offender
5. Case notes on contacts with offender (CASE NOTES, NAVPERS 1752/10, 1-97)
6. Case notes on collateral contacts about offender (CASE NOTES, NAVPERS 1752/10, 1-97)
7. FAP generated correspondence regarding offender
8. Privacy Act Statement signed by the offender
9. Other supporting data generated by the FAP staff and relevant to the abuse or neglect and specific to the offender
10. FSC Treatment Notes

Note: The offender's file should not contain the following:

- Information that can be attributed as coming from the victim.
- The name of the person who made the report to FAP

9.3.3 CONTENTS OF OTHER NON-PERMANENT FILE

The following items must be in the other non-permanent file if they have been obtained:

1. Naval Criminal Investigative Service reports (do not place in victim or offender record)
2. Base Security Incident Complaint Reports
3. Civilian Police Reports
4. Child Protective Service Reports
5. Medical reports and Copies of pertinent Medical Records entries
6. Evaluation/Treatment Reports generated outside of FAP
7. Psychiatric and Substance Abuse evaluations
8. Other supporting data such as Military Protective Orders, Temporary Restraining orders, etc.
9. Shelter Reports
10. Photographs
11. Correspondence generated outside of FAP

9.3.4 ARRANGEMENT OF CASE MATERIALS

A suggested order of case materials (paper copy) is contained in the following chart. This order can be followed even if selected forms are electronic. These forms could be copied and placed in the paper file or reference made to the electronic record. To group case information together, tabs may be used with the appropriate headings. Within each section, items should be kept in chronological order with the older materials in the back of each section. When a case is transferred, new materials are placed on top of existing paperwork. A page indicating the separation should divide the old case and the new case. New tabs should be used to separate the new paperwork.

Many FAP sites have site-specific forms. It is suggested that any site-specific form be put in the record at the bottom of the appropriate tab heading. The electronic Case Management System places the forms in a set order. Case notes follow the section to which they pertain.

9.3.4.1 FAP CASE ARRANGEMENT CHART

FAP CASE RECORD FILES RECOMMENDED ORDER OF MATERIALS

VICTIM FILE (Bottom to Top)

LEFT SIDE

1. Log Sheet
2. Victim/Sponsor Demographics
3. Victim Information Sheet
4. FAP Information Sheet
5. FAP Questionnaire
6. Request for Service Form
7. Privacy Act & Release Forms
8. Original DD2486s
9. Victim Notification Letter
10. CRC Determination Letter
11. All CRC Presentation Sheets/Review Sheets
12. FAP Case Management Checklist

RIGHT SIDE

1. Intake (Incident Report, Safety Assessment/Response)
2. Risk Assessment (except Domain III)
3. Group Notes (FAP Support/Treatment Groups)
4. Case Notes by VSS
5. Case Notes by Child Counselor
6. Case Notes by Case Manager

TAB HEADINGS

1. Demographics/Info. Sheets
2. Privacy Act/Release Forms
3. DD2486
4. Correspondence
5. CRC

TAB HEADINGS

1. Intake
2. Risk Assessment
3. Group Notes
4. Case Notes

OFFENDER FILE (Bottom to Top)

LEFT SIDE

1. Risk Assessment Demographics
2. FAP Information Sheet
3. FAP Questionnaire
4. Request for Service Form
5. Privacy Act/Release Forms
6. Article 31b Rights Acknowledgment
7. Offender Notification Letter
8. CRC Determination Letter
9. Supplemental Care Forms
10. FAP Case Management Checklist

RIGHT SIDE

1. Risk Assessment (Domain III only)
2. Group Notes (FAP Support/Treatment Groups)
3. Case Notes by Case Manager

TAB HEADINGS

1. Demographics/Info. Sheets
2. Privacy Act/Release Forms
3. Correspondence
4. Supplemental Care

TAB HEADINGS

1. Risk Assessment
2. Group Notes
3. Case Notes

OTHER, NON-PERMANENT FILE (Bottom to Top)

(All information goes on the right side)

1. NCIS Reports
2. Military Security Reports
3. Civilian Police Reports
4. CPS Reports
5. Medical Reports
6. Copies of Medical Record Entries
7. Eval/Treatment Reports Generated Outside FAP
8. MPOs/TROs/Court Papers
9. Appeals Requests

SAMPLE FORM (Adapted from information provided by Hampton Roads FAP)

9.4 STANDARDS FOR CASE DOCUMENTATION

Additional information can be found in Risk Assessment Project Handbook, Module II

There should be a case activity note entry for every client or client-related contact including telephone calls, consultations, feedback to/from referrals, etc. Each contact should be documented individually (i.e. not attempted to reach client 3 times). All case materials should be written legibly, concisely and in standard English. Notes should be factual and objective.

The following guidelines for completing documentation apply to FAP forms:

- Incident Report Form: Completed immediately upon receipt of referral, Eligibility Screen completed within one day of initial contact. Sign and date.
- Demographics Form: Completed as information is obtained.
- Safety Assessment: Completed within one working day of initial contact. Date and sign entries.
- Risk Assessment Summary and Findings: Complete at initial assessment of case, at each case update/review, for each incident of re-abuse, at case closure or as clinically indicated.
- Case notes: Use to document all relevant case information not contained on other forms. Date and sign.

9.5 DUPLICATION OF CASE DOCUMENTATION

Reference: *JOINT LETTER, BUMED 1752, Ser 34/0318 – BUPERS 1752, Ser 661/01519, dated 6 January 97*

FAP records should protect the privacy and safety of all involved. To ensure this, the following applies:

- Intake assessment information and clinical notes may **not** be duplicated and placed in both the victim's and offender's files. Separate case notes must be written.
- FAP documentation that pertains to both victim and offender should **not** be duplicated and placed in the offender's record if **either** of the following applies:
  1. Contains the name of the person who made the report
  2. Contains information that can be attributed to the reporter, the victim or family members
- Collateral contacts must be documented separately for the victim and offender and cannot be duplicated.

9.6 SAFEGUARDS FOR FAP RECORDS

Reference: *Family Advocacy Program System Notice NO01752-1 of April 28, 1999*

The safeguarding of FAP records is covered by the Privacy Act. FAP records should be maintained within the following guidelines:

- Public access is not permitted
- Case files are accessible only to authorized personnel who are properly screened and trained and on a need-to-know basis. This includes the member's commanding officer, command legal officer, NCIS investigator, etc.
- Case materials, including documents which contain identifiable client information, inquiry and referral sheets, recording summaries and other correspondence should be kept in specified, monitored or controlled access room or areas. Only authorized staff members should handle case materials.
- Requests for FAP records must be handled in accordance with the Privacy Act and instructions. See Part 5.9, Confidentiality – Requests for Access to Records.

9.7 TRANSFER OF CASE RECORDS

Reference: *JOINT LETTER, BUMED 1752, Ser 34/0318 – BUPERS 1752, Ser 661/01519, dated 6 January 97*

FAP case records must sometimes be transferred to another FAP site. The following guidelines apply.

- When transferring the record, all three records – the victim file, the offender file and the other non-permanent file must be transferred together as all contain parts of the overall case information.
- Transfer the original records, with a letter of receipt, and maintain copies until the receipt is returned. The copies of the case should then be destroyed.
- If couples who are both active duty transfer to different locations or separate and move to different locations the files should be transferred as follows:
  1. The **original** victim and other, non-permanent case files and a **copy** of the offender's case file is sent to the location where the victim goes.
  2. A **copy** of the victim and other, non-permanent case files and the **original** of the offender's case file is sent to the location where the offender goes.
- The receiving FAP site assigns a new case number based on the local chronology of cases. The previous case number should be documented on the outside of the file for tracking purposes.

9.8 RETIREMENT OF FAP RECORDS

Reference: *JOINT LETTER, BUMED 1752, Ser 34/0318 – BUPERS 1752, Ser 661/ 01519, dated 6 January 97 and Family Advocacy Program System Notice NO01752-1 of April 28, 1999*

FAP case records are maintained at the activity four (4) years after the last entry in the file. If there is not subsequent activity for 4 years after closure, the records are transferred to the National Personnel Records Center, 9600 Page Blvd., St. Louis, MO 63132-5100. Cases are retired based on the following:

- Only original case files can be retired
- Non-permanent records are not retired. Upon retirement of the victim and offender case files, all documentation in the other non-permanent record will be destroyed.
- Records are retained at the National Personnel Records Center for 50 years and then destroyed

9.9 FINS CASE FILES

Reference: *GUIDANCE FOR FAMILY IN NEED OF SERVICE (FINS) RECORDS, 1752 Series 661/00718, 5 August 1997, Enclosure (1)*

- When a case is classified as FINS, the file is maintained in accordance with the Navy Family Support Counseling Records Systems Notice NO01754-1 of 28 April 99. This addresses policies and practices for storing, retrieving, accessing, retaining and disposing of records in the systems.
- FINS cases are filed separately from FAP records
- Since all referrals to FAP are entered in to the log book a FAP case number would be assigned
    1. If the case is then referred to the FSC, the case would be assigned an FSC generated number.
    2. If the case file is maintained in FAP, the case would retain the FAP generated number.
- Regardless of where a FINS case record is physically located the file is maintained per the Navy Family Support Counseling Records Systems Notice NO01754-1 of 28 April 99.
- Paper records are retained for two years and then destroyed. Electronic records are maintained for five years, then tapes/discs are erased.

Note: For further information and guidance on the administrative case management of FINS files see:

- FSC Counseling Desk Guide, Part 3, Administrative Case Management: This entire section applies to FINS cases as they are maintained in the same way as FSC counseling cases. The FSC Counseling Desk Guide is available at the FSCs.
- The Navy Family Support Counseling Records Systems Notice NO01754-1 of 28 April 99 available on-line at: http://www.ogc.secnav.hq.navy.mil/privacy/noticenumber/

9.10 THE CENTRAL REGISTRY

The Central Registry is the central management information system maintained by the Navy for identifying and recording information on child and spouse abuse incidents. This automated data base consists of information extracted from Form DD 2486 (see following section). The Central Registry is used primarily to collect and maintain information pertaining to the identification, prevention, evaluation, intervention, treatment and rehabilitation of families involved in abuse or neglect.

Central Registry Data:

- Can be retrieved by any identifying data element on the DD Form 2486
- Is retained permanently (The database is retained permanently. Paper copies are maintained for three (3) years and then destroyed)
- Aids in determining if prior FAP case exists
- Aids in screening applicants for family daycare providers and childcare staff.
- Assists in supporting efforts to centralize case management of child sexual abuse incident reports.

The Central Registry has three on-line subsystems available. These are:

1. **The FAP Direct Access System:** Contains non-clinical data and identifies by the presence of a social security number of a victim, offender, or the sponsor. If the system finds a data match, it will display the site name and telephone number of the FAP site that originated the incident report. This system is designed to provide an installation with background checks for individuals seeking a position which involves care or supervision of children
2. **The FAP Query I System:** Contains clinical data and can be uses by FARs and FAP clinical case managers only.
3. **The FAP Query II System:** Contains non-clinical data aggregated by region. Users are FAP Regional Coordinators and major claimants POCs.

9.10.1 CHILD/SPOUSE ABUSE INCIDENT REPORT (DD FORM 2486)

Form DD 2486 is used to collect child and spouse abuse data for the Central Registry. Revisions to this became effective 1 January 1999 with the issuance of *1752, Ser661/032 of 18 November 1998, Subj:* ***REVISED DATA ELEMENTS FOR COLLECTING CHILD/SPOUSE ABUSE INCIDENT REPORT DATA.*** The Department of Defense generates the form.

The principal purpose of the DD 2486 is to identify and record information on incidents of child and spouse abuse and provide protection and medical treatment for military members and their families. The DD 2486 is completed after the CRC meets and has made a case determination. A report is sent to the Central Registry on each opened case. If a case is Unsubstantiated –Did not Occur, the Central Registry does not contain identifying information. In addition, if a case is classified as FINS, specific instructions apply to filling out the DD 2486. The Central Registry receives no identifying information on FINS cases.

The DD 2486 information:

- Is used for internal management
- Maintained separately by each branch of the Armed forces
- Is used to evaluate and identify protocols required in a case
- Is used by program managers to identify incidences and prevalence rates and trends, track involved families, justify resource allocation, and review and control providers of care.

There are 45 record fields with numerous data elements for each field. In addition, there are five added Navy specific data elements related to record fields 13 and 14.

The FAP electronic CMS automatically generates the DD 2486. The FAP electronic CMS automatically generates the DD 2486. The form will have many fields complete from previous data input. The final required fields must be completed before the form can be signed. It is then automatically sent to the Central Registry.

Translation of DD 2486 Data Fields and Definition of Terms follow.

Note: Form DD 2486 is currently undergoing revisions to increase its reliability. Once completed, FAP Headquarters will distribute the DD 2486.

TRANSLATION OF DD2486 DATA FIELDS

1. Situation Identifier	Command Code and Log Number PPYYYYXXXX PP = Command Code (see Table A) YYYY = This Fiscal Year XXXX = Case Sequence Number
2. FAP UIC	5 number code uniquely identifying site (Only use UIC assigned to activity and listed in Table A).
3. US State Alpha Code	2 Letters, which differentiate, state where FAP is located.
4. Country Code	Required for OCONUS sites (listed in Table A)
5. Incident Report Date	Date Incident Reported entered YYYYMMDD
6. Uniformed Service Organization Code	A = Army, N = Navy, M = Marine Corps, F = Air Force, C = Coast Guard
7. Organization Name Text	Only applies to Defense Logistic Agency and National Security Agency
8. Abused Victim Type Code	Type of Victim: C = Child S = Spouse
9. Legal Event Context Code	Type of alleged maltreatment: C = Emotional, H = Neglect, I = Physical, J = Sexual Abuse
10. Person Status Code	Also Known as Fatality Occurred A = Alive Person, B = Deceased
11. Alleged Victim Previously Known to DoD Central Registry	Applies Only in Fatality Cases (item 10 listed as B) and requires notification of NPC 661 Central Registry Manager for completion of Cross-Service Central Registry Check Y = Yes, N = No
12. Alleged Offender Previously Known to DoD Central Registry	Applies Only in Fatality Cases and requires notification of NPC 661 Central Registry Manager for completion of Cross-Service Central Registry Check Y = Yes, N = No
13. Situation Findings Date	Enter CRC determination data (format: YYYYMMDD) and Y or N for Findings as Listed: Unsubstantiated, Unresolved Unsubstantiated, Did Not Occur FINS Substantiated Or Pending Status and Review Date (not required) And/or CRC Flag Lifting Date entered YYYYMMDD And/or Transfer In/Out of Substantiated cases (include UIC of losing and gaining command) And/or Case Closure.

14. Person Association Reason Code	Also Known as Relationship of Alleged Offender to Victim AD = Parent AA = Spouse AC = Sibling BN = Other Family Member CA = Extrafamilial Caregiver CC = Relationship Unknown CO = Extrafamilial Non Caregiver UP = Unmarried Partner
15. Extrafamilial Caregiver Type Code	Applies only if CA is selected Box 14 A = Military Child Care Center Personnel B = Military Family Child Care Personnel C = Military Youth Program Personnel D = DoD Teacher/Other DoD School Personnel E = Other DoD Caregiver
16. Person Name Text	Last, First, Middle and "Cadency" (Jr. or III) of Sponsor
17. Person Identifier	Also Known as Social Security Number of Sponsor
18. Personnel Resource Type Code	Designates Sponsors Affiliation C = Federal Civil Servant U = Uniformed Service Member Z = Civilian (Entitled to care in MTF includes Retirees, Contract Employees)
19. Uniformed Service Organization Code	Applies only when Box 18 is U A = Army N = Navy M = Marine Corps F = Air Force C = Coast Guard H = Commissioned Corps of Public Health Service (USPHS) O = Commissioned Corps of National Oceanic and Atmospheric Agency (NOAA)
20. Uniformed Service Organization Type Code	Applies only when Box 18 is U G = Guard R = Regular V = Reserve
21. Pay Plan Code	EM = Enlisted OM = Officer WM = Warrant Officer WG = Wage Grade GS = General Schedule GM = Performance Mgmt/Recognition System ES = Senior Executive Service
22. Pay Plan Grade Ordinal Identifier	Two Digit Pay Grade (01-15)
23. Person Situation Role Code	Indicates if Sponsor is: H = Victim E = Alleged Offender Z = Neither

24. Person Name Text	Victim's Last, First, Middle and Cadency Names (e.g., Jr. Sr. etc.).
25. Person Identifier	Victim's Social Security Number
26. Person Birth Date	Date of birth of victim YYYYMMDD
27. Sex Category Code	Sex of Victim M = Male F = Female
28. Substance Involvement	A = Alcohol D = Drug U = Substance Involvement Unknown Z = No Substance Involved
29. Severity Codes	Level Of Severity of Abuse Emotional Abuse Neglect Physical Abuse Sexual Abuse 1 = Mild 2 = Moderate 3 = Severe
30. Clinical Intervention Provided By	K = FAP Personnel Y = Other DoD-Funded Program/Individual X = Non-DoD-Funded Program/Individual Z = No Treatment Provided
31. Person Name Text	Last, First, Middle and Cadency Names (e.g., Jr. Sr., etc.) of Alleged Offender
32. Person Identifier	Social Security Number of Alleged Offender
33. Person Birth Date	Date of Birth of Alleged Offender (format: YYYYMMDD)
34. Sex Category Code	Alleged Offenders Sex M = Male F = Female
35. Personnel Resource Type Code	Designates Alleged Offenders Affiliation C = Federal Civil Servant U = Uniformed Service Member Z = Civilian (Entitled to care in MTF includes Retirees, Contract Employees)
36. Uniformed Service Organization Code	Applies only when Box 35 contains U A = Army N = Navy M = Marine Corps F = Air Force C = Coast Guard H = Commissioned Corps of Public Health Service (USPHS) O = Commissioned Corps of National Oceanic and Atmospheric Agency (NOAA)

37. Uniformed Service Organization Type Code	Applies only when Box 35 Contains U G = Guard R = Regular V = Reserve
38. Pay Plan Code	EM = Enlisted OM = Officer WM = Warrant Officer WG = Wage Grade GS = General Schedule GM = Performance Mgmt/Recognition System ES = Senior Executive Service
39. Pay Plan Grade Ordinal Identifier	Two Digit Numeric Code Designating Rank or Pay Grade (01-15)
40. Person Marital Status Code	Current Status of Alleged Offender D = Divorced M = Married N = Never Married W = Widowed
41. Dual Military Marriage	Alleged Offender Uniformed Service Member Married to Another Uniformed Service member (Regular, Guard or Reserve) Y = Yes N = No
42. Substance Involvement	A = Alcohol D = Drug U = Substance Involvement Unknown Z = No Substance Involved
43. Clinical Intervention Provided By	To Alleged Offender in Substantiated Cases Only K = FAP Personnel Y = Other DoD-Funded Program/Individual X = Non-DoD-Funded Program/Individual Z = No Treatment Provided
44. Additional Alleged Offender(s)	List Number of Additional Offenders Applies only in Child Maltreatment Cases
45. Person Identifier of Alleged Offenders	List up to five SSNs for Alleged Additional Offenders.

DEFINITIONS OF TERMS FOR CHILD AND SPOUSE ABUSE INCIDENT REPORTS

1. Situation Identifier. Is a number assigned to each reported incident. Format for Navy Child and Spouse Abuse Incident Reports is PP YYYY XXXX (PP=Command Code, YYYY=Fiscal Year, and XXXX= Case Sequence Number). An "Incident" is a single reported allegation of one or more acts of child or spouse abuse or maltreatment that occurred in close proximity of time. An incident shall only involve one alleged victim but may include more than one alleged offender. An incident of alleged child abuse in which more than one child was the alleged victim shall be recorded as a separate incident for each child.

2. FAP Unit Identification Code (U.I.C.). The unique five digit code which identifies the FAP site at which the incident was reported. Automated systems, e.g., via Internet or FAP CMS, have a pull down menu of site names which allows this field to be filled automatically.

3. US State Alpha Code. A two digit alphabetical abbreviation that designates the State in which the reporting FAP is located. Left blank when reporting site is OCONUS.

4. Country Code. A two digit alphabetical abbreviation that designates the country in which the reporting FAP is located. Left blank when reporting site is CONUS.

5. Incident Report Date. The calendar year date the incident was reported to either the FAP or the Case Review Committee (CRC), whichever is the earliest of the two days.

6. Uniformed Service Organization Code. The designation that describes the Uniformed Service (Army, Navy, Marine Corps, Air Force, or Coast Guard) that received the report of an alleged incident of abuse or maltreatment.

7. Organization Name Text. The DoD Component (Defense Logistics Agency and National Security Agency) that received the alleged report of abuse or maltreatment.

8. Abused Victim Type Code. The designation of whether a victim of an alleged incident of abuse or maltreatment is a child or a spouse. (Also known as "Type of Victim.").
   a. Child. An unmarried person under the age of 18 who is eligible for care through a DoD medical treatment program and for whom a parent, guardian, foster parent, caregiver, employee of a residential facility, or any staff person providing out-of-home care is legally responsible. The term "child" means a biological child, adopted child, stepchild, foster child, or ward. The term also includes an individual of any age who is incapable of self-support because of a mental or physical incapacity and for whom care in a military medical treatment program is authorized.
   b. Spouse. A married individual who is married and is either (1) a service member, (2) employed by

DoD and eligible for care through DoD medical treatment programs, (3) a civilian who is eligible for care through DoD medical treatment programs because of marriage to a service member, or to an employee of DoD who is eligible for care through DoD medical treatment programs. This includes a married individual who is under 18 years of age, (4) or an "Unmarried or Intimate Partner" of an adult eligible for care.

9. Legal Event Context Code. The designation of the category of alleged abuse or maltreatment that was reported as "Emotional Maltreatment," "Neglect," "Physical Abuse/Maltreatment," and/or "Sexual Abuse/Maltreatment." (Also known as "Type of Alleged Maltreatment.").
   a. Emotional Maltreatment

      i. Emotional Maltreatment of a Child. Acts or a pattern of acts, omissions or a pattern of omissions, or passive or passive-aggressive inattention to a child's emotional needs resulting in an adverse affect upon the child's psychological well-being. Maltreatment includes intentional berating, disparaging or other verbally abusive behavior toward the child, and violent acts that may not cause observable injury. An emotionally maltreated child manifests low self-esteem, chronic fear or anxiety, conduct disorders, affective disorders, or other cognitive or mental impairment.
      ii. Emotional Maltreatment of a Spouse. Acts or threats that adversely affect the psychological well-being of a spouse, including those intended to intimidate, coerce, or terrorize the spouse. Such acts and threats include those likely to result in physical injury, property damage or loss, or economic injury.
   b. Neglect
      i. Neglect of a Child. A type of child abuse/maltreatment whereby a child is deprived of needed age-appropriate care by act or omission of the child's parent, guardian, caregiver, employee of a residential facility, or staff person providing out-of-home care under circumstances indicating that the child's welfare is harmed or threatened. Child neglect includes "Abandonment," "Deprivation of Necessities," "Educational Neglect," "Lack of Supervision," "Medical Neglect" and/or "Non-organic Failure to Thrive."

         (1). Abandonment. A type of child neglect in which the caregiver is absent and does not intend to return or is away from home for an extended period without having arranged for an appropriate surrogate caregiver.

         (2). Deprivation of Necessities. A type of neglect that includes the failure to provide appropriate nourishment, shelter, and clothing.

         (3). Educational Neglect. A type of child neglect that includes knowingly allowing the child to have extended or frequent absences from school, neglecting to enroll a child in school, or prevent-

ing the child from attending school for other than justified reasons.

(4). Lack of Supervision. A type of child neglect characterized by the absence or inattention of the parent, guardian, foster parent or other caregiver that results in injury to the child, in the child being unable to care for himself or herself, or an injury or serious threat of injury to another person because the child's behavior was not properly monitored.

(5). Medical Neglect. A type of child neglect in which a parent or guardian refuses or fails to provide appropriate, medically necessary health care (medical, mental health, dental) for the child although the parent is financially able to do so or was offered other means to do so.

(6). Non-Organic Failure to Thrive. A type of child neglect which manifests itself in an infant's or young child's failure to adequately grow and develop when no organic basis for this deviation is found. Usually such children register below the third percentile in height and weight.

ii. Neglect of a Spouse. The failure of a spouse to provide necessary care or assistance for his/her spouse who is incapable of self-care physically, emotionally or culturally.

c. Physical Abuse/Maltreatment. Acts such as grabbing, pushing, holding, slapping, choking, punching, kicking, sitting or standing upon, lifting and throwing, burning, immersing in hot liquids or pouring hot liquids upon, hitting with an object (such as a belt or electrical cord), and assaulting with a knife, firearm or other weapon that caused or may cause bodily injuries. Such injuries include brain damage or skull fracture, subdural hemorrhage or hematoma, bone fracture, dislocations or sprains, internal injury, poisoning, burns or scalds, severe cuts, lacerations, bruises or welts. In infants and toddlers, abusive acts include shaking or twisting, which may cause brain damage, subdural hemorrhage, and hematoma. An injury does not have to be visible for physical maltreatment to be present.

i. Child Abuse/Maltreatment. Physical harm, mistreatment, or injury of a child by a parent, guardian, foster parent, or by a caregiver, whether the caregiver is intrafamilial or extrafamilial, under circumstances indicating that the child's welfare is harmed or threatened. Such acts by a sibling, other family member, or other person shall be deemed to be abuse or maltreatment only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent.

ii. Spouse Abuse/Maltreatment. Physical harm, mistreatment, or injury of a spouse by the other spouse or unmarried partner.

d. Sexual Abuse/Maltreatment.

i. Sexual Abuse/Maltreatment of a Child. Sexual activity with a child for the purpose of sexual gratification of the alleged offender or some other individual.

(1). Exploitation. A type of sexual maltreatment in which the victim is made to participate in the sexual gratification of another person without direct physical contact between them. Exploitation includes forcing or encouraging a child to do any of the following: to expose the child's genitals or (if female) breasts, to look at another individual's genitals or (if female) breasts, to observe another's masturbatory activities, to view pornographic photographs or read pornographic literature, to hear sexually explicit speech, or to participate in sexual activity with another person, such as in pornography or prostitution, in which the alleged offender does not have direct physical contact with the child.

(2) Molestation. Fondling or stroking a child's breasts or genitals, oral sex, or attempted penetration of the child's vagina or rectum.

(3) Rape/Intercourse. Sexual intercourse between an alleged offender and a child that involves the penetration of the vagina or rectum, however slight, by means of physical force. The penetration may result from emotionally manipulating the child or by taking advantage of a child's naiveté rather than physical force.

(4) Other Sexual Maltreatment. All other types of child sexual abuse or maltreatment not included in the definitions of "Exploitation," "Molestation," or "Rape/Intercourse."

ii. Sexual Abuse/Maltreatment of a Spouse. The use of physical violence, intimidation, or the explicit or implicit threat of future violence by a spouse to coerce the other spouse to engage in any sexual activity. Sexual intercourse between an alleged offender and a spouse that involves the penetration of the vagina or rectum, however slight, by means of physical force. Sexual abuse of a spouse specifically includes "Rape/Intercourse." It also includes coercing the spouse to participate in sexual activity with another person, as in pornography or prostitution.

10. Person Status Code. The designation of a child or spouse victim as alive or deceased as a result of abuse or maltreatment.

11. Alleged Victim Previously Known to the DoD Central Registry. (Complete only if victim is killed as a result of the abusive incident) A designation that the alleged victim in the incident had or had not been previously reported to the DoD Central Registry as a victim with the same or different alleged offender.

12. Alleged Offender Previously Known to the DoD Central Registry. (Complete only if victim is killed as a result of the abusive incident). A designation that the alleged offender in the incident had or had not been previously reported to the DoD Central Registry as an alleged offender with the same or different victim. In a child maltreatment incident with more than one alleged offender, the person allegedly responsible for the most severe maltreatment shall be deemed the alleged offender. If the person allegedly responsible for

the most severe maltreatment cannot be determined and the victim's sponsor is an alleged offender, the sponsor shall be deemed to be the alleged offender.

13. Situation Findings Date. The date the CRC clinically determines whether an alleged incident of child or spouse abuse or maltreatment occurred. (Also known as "Incident Report Status Date.")

    a. Situation - Incident Unsubstantiated, Unresolved. A designation that indicates the CRC clinically determined that the preponderance of the available information to support an alleged incident of child or spouse abuse or maltreatment is of the same weight or equally convincing as the information that the alleged incident of abuse or maltreatment did not occur.
    b. Situation - Incident Unsubstantiated, Did Not Occur. A designation that indicates an alleged incident of child or spouse abuse has been clinically determined by the CRC to be without merit or foundation. An "Unsubstantiated - Situation Did Not Occur" clinical determination means that the preponderance of available information that indicates that abuse or maltreatment did not occur is of greater weight or more convincing clinically than the information that indicates that abuse or maltreatment occurred.
    c. Family In Need of Service. A designation that indicates an alleged incident of child or spouse abuse or maltreatment has been clinically determined by the case manager to be a "FINS" case and case has been presented to the CRC for QA.
    d. Situation - Incident Substantiated. A designation that indicates an alleged incident of child or spouse abuse or maltreatment has been clinically determined by the CRC to be merited or founded. A "Substantiated" clinical determination means that the preponderance of available information that indicates that abuse or maltreatment occurred is of greater weight or more convincing clinically than the information that indicates that abuse or maltreatment did not occur.
    e. Situation - Incident Transferred In Date. The calendar date on which a FAP received an incident file already clinically determined as "Substantiated" from a FAP of the same or different Uniformed Service. Case Review Committee accepts the previous Case Review Committees' determination.
    f. Situation - Incident Transferred Out Date. The calendar date on which a FAP sent an incident file that its CRC had clinically determined as "Substantiated" to a FAP of the same or different Uniformed Service.
    g. Situation - Substantiated Incident Closed Date. The date a "Substantiated" incident was closed by the FAP because (1) the CRC determined that intervention and/or treatment was no longer needed, (2) the risk of maltreatment had been reduced or was no longer present, (3) the sponsor and family members were no longer eligible for care, (4) the victim had died, or (5) because the victim refused treatment. (Also known as "Incident Closed Date."). (Note: Planned revisions include adding case a field to indicate if case was closed resolved or unresolved).

14. Person Association Reason Code. A designation of the alleged offender's relationship to the victim as

being "Intrafamilial," or "Extrafamilial." (Also known as "Relationship of Alleged Offender to Victim.")

a. Intrafamilial. A designation of a familial relationship created by birth, law, or marriage between the alleged offender and victim, such as a parent, sibling, spouse, or other family member.

   i. Parent. A designation to identify an alleged offender as the biological, step, adoptive, or foster parent of a child.
   ii. Spouse. A designation to identify an alleged offender as married to the victim. This includes a marriage to an individual who is under 18 years of age.
   iii. Sibling. A designation to identify an alleged offender in a child maltreatment case who is the child victim's sister, brother, stepsister, stepbrother, or foster sister or brother and who was providing care to the child.
   iv. Unmarried Partner. Parties who are not married, but show a relationship pattern. Examples include couples who are living together or who, if not living together, show a relationship pattern (i.e., living together "on and off" for a period of time, share a child in common, or are recently divorced".
   iv. Other Family Member. A designation to identify an alleged offender in a child maltreatment case who was providing care to the child and who is related by blood, law, or marriage to the child victim.

b. Extrafamilial. A designation that classifies the alleged offender as unrelated to the victim by blood, law, or marriage (i.e., as outside of the victim's family).

   i. Extrafamilial Caregiver. The classification of an alleged offender as unrelated to the victim by blood, law, or marriage, (i.e., as outside of the victim's family) and who is an employee (including janitors, bus drivers, etc.), independent contractor, or volunteer in a military-sanctioned or military-sponsored program that provides care for and supervision of a child by agreement with the child's parent, guardian, or foster parent. Such care and supervision may be provided in the child's home, in a military-sanctioned caregiver's home, at a military-sponsored or military-sanctioned out-of-home care facility or residential facility, or in an activity conducted at various locations. (Note: Planned revisions to the 2486 will include adding extrafamilial caregiver without any affiliation with DoD, e.g., "babysitter").
   ii. Relationship Unknown. A designation of an alleged offender who is likely to be a parent, spouse, sibling, other family member, or extrafamilial caregiver but is unknown because the child is physically or psychologically unable (including instances where the victim is deceased or too young) or unwilling to identify the alleged offender.

15. Extrafamilial Caregiver Type Code. The classification of an alleged extrafamilial caregiver offender as follows:

a. Military Child Care Center Personnel. A staff member or volunteer in a military-sanctioned or military-sponsored child development or child care program that directly cares for and supervises children. Examples include personnel in programs such as nursery schools, pre-schools, Sure Start programs, or parent co-operatives that provide services in a centralized facility. This designation does not include home-based child care.
b. Military Family Child Care Personnel. A certified provider, family member of a certified provider over the age of 12, or other person living in a military-sanctioned family child care home. Military home-based child care is provided on a regular or daily basis (10 hours per week or more) for compensation in a provider's Government quarters with the approval and certification of the commanding officer. This designation does not include random or temporary baby-sitting services.
c. Military Youth Program Personnel. A staff member or volunteer in a military-sanctioned or sponsored program, service, or activity that focuses on youth, including recreation programs, camps, scouting, clubs, and educational classes.
d. Teacher/School Personnel. A staff member or volunteer in a military-sanctioned or sponsored school or kindergarten, through grade 12. It includes staff members and volunteers in schools administered by the Department of Defense Educational Activity. It does not include staff or volunteers in civilian schools located outside the military installation unless the program, service, or activity is military sponsored or sanctioned.
e. Other DoD Caregiver. A staff member or volunteer of any military-sponsored or sanctioned program, service, or activity that is responsible for the child that is not a child care center, family child care program, youth program, or DoD school. Examples include the chaplaincy, medical staff, civil air patrol, YMCA, and USO.
f. Non DoD Caregiver. Non DoD Caregiver (Note: Planned revisions to the 2486 will include adding extrafamilial caregiver without any affiliation with DoD, e.g., "babysitter").

SPONSOR INFORMATION

16. Person Name Text. The last name, first name, middle name, and cadency name (e.g., "Jr." or "III") of the sponsor.

17. Person Identifier. The nine-digit number assigned by the Social Security Administration of the sponsor. (Also known as a "Social Security Number.")

18. Personnel Resource Type Code. A code that designates the sponsor as a Federal civil servant, a member of an Uniformed Service, or a civilian.

    a. Federal Civil Servant. The designation of a sponsor as a civilian employee of the Federal Government who is entitled to care in a military medical treatment program.
    b. Uniformed Service Member. The designation of a sponsor as an enlisted member, officer, or warrant

officer of the United States Army, United States Navy, United States Air Force, United States Marine Corps, United States Coast Guard, Commissioned Corps of Public Health Service, or the Commissioned Corps of National Oceanic and Atmospheric Agency.

c. Civilian. The designation of a sponsor as a civilian who is entitled to care in a military medical treatment program, such as a retired member of the Uniformed Services or his/her spouse, or a contract employee, when applicable.

19. Uniformed Service Organization Code. The affiliation of the sponsor with a Uniformed Service.

20. Uniformed Service Organization Component Type Code. The organizational component to which the sponsor is affiliated.

    a. Guard. The designation of a sponsor as a military member of the Inactive National Guard, a subcategory of the Ready Reserve, on active duty.
    b. Regular. The designation of a sponsor as an active duty member of a Uniformed Service.
    c. Reserve. The designation of a sponsor as a military member of the Selected Reserve or the Individual Ready Reserve, a subcategory of the Ready Reserve, on active duty.

21. Pay Plan Code. The two-digit alphabetical abbreviation that applies to the sponsor's DoD personnel resource pay plan ("Enlisted," "Commissioned Officer," "Warrant Officer," "Wage Grade Personnel," "General Schedule Personnel," "Performance Management and Recognition System Personnel," and "Senior Executive Service Personnel.")

22. Pay Plan Grade Ordinal Identifier. A two-digit numerical code (01-15) that designates the military rank or Federal civil servant level of pay of the sponsor.

23. Person-Situation Role Code. The designation of the sponsor as the victim, offender, or neither victim or offender. A sponsor is a member of a Uniformed Service, a Federal civil servant, or civilian who is eligible or authorized care through DoD medical treatment programs.

    a. Victim. In a spouse abuse incident, the victim may be the sponsor if he/she is an active duty member of a Uniformed Service or a Federal civil servant or civilian who is eligible or authorized care through DoD medical treatment programs.
    b. Alleged Offender
        i In a spouse abuse/maltreatment incident, the alleged offender may be the sponsor if he/she is the active duty member of a Uniformed Service or a Federal civil servant or civilian who is eligible or authorized care through DoD medical treatment programs.
        ii. In a child abuse/maltreatment incident with more than one alleged offender, if the person allegedly

responsible for the most severe maltreatment cannot be determined and the victim's sponsor is one of the alleged offenders, the sponsor shall be deemed to be the alleged offender.

c. Neither. The sponsor is neither the alleged victim or offender.

VICTIM INFORMATION

24. Person Name Text. The last name, first name, middle name, and cadency name (e.g., "Jr." or "III").

25. Person Identifier. The victim's nine-digit number assigned by the Social Security Administration. (Also known as a "Social Security Number (SSN).")

26. Person Birth Date. The date of birth of the victim.

27. Sex Category Code. The sex of the victim, as "Male" or "Female."

28. Substance Involvement

    a. Beverage Category Code. (Alcohol) The designation that an alcoholic beverage was ingested by the victim within 2 hours before an incident of abuse or maltreatment.
    b. Consumable Materiel Item Type Code. (Drug) The designation that a drug was ingested, inhaled, or injected by the victim within 12 hours before an incident of abuse or maltreatment.
    c. Substance Involvement Unknown. The designation used when it is unknown whether the victim consumed an alcoholic beverage within 2 hours before the incident occurred or ingested, inhaled, or injected a drug within 12 hours before the incident occurred.
    d. No Substance Involved. A designation used when there is no evidence that the victim consumed an alcoholic beverage within 2 hours before the incident occurred or ingested, inhaled, or injected a drug within 12 hours before the incident occurred.

29. Severity Codes. The designation of the level of severity of abuse or maltreatment inflicted upon the victim, as follows: (Note: Usually completed by case manager).

    a. Emotional Maltreatment Severity Level Code

        i. Mild. Exposure to potentially harmful behavior on one or two occasions, but there is no readily apparent physical or emotional harm.
        ii. Moderate. Exposure to repeated instances of emotionally abusive behavior with physical or emotional effects. One time medical or short-term mental health treatment may be indicated.

iii. Severe. Exposure to chronic pattern of emotionally abusive behavior with physical or emotional effects that require hospitalization or long-term mental health treatment. In a spouse emotional abuse incident, this designation requires alternative environment to protect the physical safety of the spouse.

a. Neglect Severity Level Code

i. Mild. Exposure to potentially harmful neglecting behavior on one or two occasions, but there is no readily apparent physical or emotional harm.
ii. Moderate. Exposure to repeated instances of neglecting behavior with physical, emotional, or educational effects. One-time medical treatment or short-term mental health treatment or short-term special educational services may be indicated.
iii. Severe. Exposure to a chronic pattern of neglecting behavior with physical, emotional, or educational effects that require hospitalization, long-term mental health treatment, or long-term special education services. May require placement in an alternative environment to protect the physical safety or other welfare of the victim.

c. Physical Abuse/Maltreatment Severity Level Code

i. Mild. Minor physical injury, but no readily apparent physical or emotional harm. Outpatient medical examination and/or mental health assessment may be indicated but no treatment is required.
ii. Moderate. Minor or moderate physical injury requiring one or more outpatient visits for treatment. Minor or moderate emotional effects requiring short-term mental health treatment may be indicated.
iii. Severe. Major physical injury requiring inpatient medical treatment or causing temporary or permanent disability or disfigurement. Moderate or severe emotional effects that require long-term mental health treatment. May require placement in an alternative environment to protect the physical safety or other welfare of the victim.

d. Sexual Abuse/Maltreatment Severity Level Code

i. Mild. No physical contact and no readily apparent physical or emotional harm. Outpatient mental health assessment may be indicated but no treatment is required.
ii. Moderate. Physical contact that does not involve oral, vaginal, or anal penetration and does not result in injury. One or more outpatient visits may be required for medical treatment. Minor or moderate emotional effects requiring short-term mental health treatment may be indicated.
iii. Severe. Physical contact involving oral, vaginal, or anal penetration requiring one or more

outpatient visits for medical treatment. May be accompanied by injury requiring inpatient medical treatment or causing temporary or permanent disability or disfigurement. Moderate or severe emotional effects that require long-term mental health treatment. May require placement in an alternative environment to protect the physical safety or welfare of the victim.

30. Clinical Intervention Provided By. The designation of the type of program that provided intensive counseling, psychotherapy, or other type of behavior management, in an individual and/or group setting, for the victim.

    a. FAP Personnel. A designation that the clinical intervention was provided to the victim by full- or part-time Uniformed Service members, Federal civil servants, and/or contract employees who are assigned the FAP.
    b. Other DoD-Funded Program/Individual. A designation that the clinical intervention was provided to the victim by a DoD-funded program, other than a FAP.
    c. Non-DoD Funded Program/Individual. A designation that the clinical intervention was provided to the victim but not funded by DoD.
    d. No Treatment Provided. A designation that no clinical intervention was provided.

ALLEGED OFFENDER INFORMATION

31. Person Name Text. The last name, first name, middle name, and cadency name (e.g., "Jr." or "III") of the alleged offender.

32. Person Identifier. The alleged offender's nine-digit number assigned by the Social Security Administration. (Also known as a "Social Security Number.") .

33. Person Birth Date. The date of birth of the alleged offender.

34. Sex Category Code. The sex of the alleged offender, as "Male" or "Female."

35. Personnel Resource Type Code. A code that designates the alleged offender as a Federal civil servant, a member of a Uniformed Service, or a civilian.

    a. Federal Civil Servant. The designation of an alleged offender as a civilian employee of the Federal Government who is entitled to care in a military medical treatment program.
    b. Uniformed Service Member. The designation of an alleged offender as an enlisted member, officer, or warrant officer of the United States Army, United States Navy, United States Air Force, United States Marine Corps, United States Coast Guard, Commissioned Corps of Public Health Service, or the

Commissioned Corps of National Oceanic and Atmospheric Agency.

c. Civilian. The designation of an alleged offender as a civilian who is entitled to care in a military medical treatment program, such as a retired member of the Uniformed Services or his/her spouse or a contract employee, when applicable.

36. Uniformed Service Organization Code. The affiliation of an alleged offender with a Uniformed Service.

37. Uniformed Service Organization Component Type Code. The organizational component to which the alleged offender is affiliated.

    a. Guard. The designation of an alleged offender as a military member of the Inactive National Guard, a subcategory of the Ready Reserve, on active duty.
    b. Regular. The designation of an alleged offender as an active duty member of a Uniformed Service.
    c. Reserve. The designation of an alleged offender as a military member of the Selected Reserve or the Individual Ready Reserve, a subcategory of the Ready Reserve, on active duty.

38. Pay Plan Code. The two-digit alphabetical abbreviation that applies to the alleged offender's DoD personnel resource pay plan ("Enlisted," "Commissioned Officer," "Warrant Officer," "Wage Grade Personnel," "General Schedule Personnel," "Performance Management and Recognition System Personnel," and "Senior Executive Service Personnel.") .

39. Pay Plan Grade Ordinal Identifier. A two-digit numerical code (01-15) that designates the military rank or Federal civil servant level of pay of the alleged offender.

40. Person Marital Status Code. The current status of an alleged offender.

    a. Divorced. The designation of an alleged offender when his/her marriage has been legally ended by divorce.
    b. Married. The designation of an alleged offender who is in the legal union of a man and woman as husband and wife. A married alleged offender shall be deemed married until such time as he/she becomes legally divorced or his/her spouse dies.
    c. Never Married. The designation of an alleged offender who has never married.
    d. Widowed. The designation of an alleged offender whose marriage has been legally ended through the death of the spouse.

41. Dual Military Marriage. A legal marriage of an alleged offender who is a "Regular," "Reserve," or "Guard" Uniformed Service member to another Uniformed Service member who is either "Regular," "Reserve," or "Guard."

42. Substance Involvement

    a. Beverage Category Code. (Alcohol) The designation that an alcoholic beverage was allegedly ingested by the alleged offender within 2 hours before an incident of abuse or maltreatment.
    b. Consumable Materiel Item Type Code. (Drug) The designation that a drug was allegedly ingested, inhaled, or injected by the alleged offender within 12 hours before an incident of abuse or maltreatment.
    c. Substance Involvement Unknown. The designation used when it is unknown whether the alleged offender consumed an alcoholic beverage within 2 hours before the incident occurred or ingested, inhaled, or injected a drug within 12 hours before the incident occurred.
    d. No Substance Involved. A designation used when there is no evidence that the alleged offender consumed an alcoholic beverage within 2 hours before the incident occurred or ingested, inhaled, or injected a drug within 12 hours before the incident occurred.

43. Clinical Intervention Provided By. The designation of the type of program that provided intensive counseling, psychotherapy, or other type of behavior management, in an individual and/or group setting.

    a. FAP Personnel. A designation that clinical intervention was provided to the alleged offender by full- or part-time Uniformed Service members, Federal civil servants, and/or contract employees who are assigned the FAP.
    b. Other DoD-Funded Program/Individual. A designation that the clinical intervention was provided to the alleged offender from DoD-funded programs, other than a FAP.
    c. Non-DoD Funded Program/Individual. A designation that the clinical intervention was provided to the alleged offender but not funded by DoD.
    d. No Treatment Provided. A designation that no clinical intervention was provided.

44. Additional Alleged Offender(s). A designation, in child maltreatment or child neglect incidents, of the number of additional alleged offenders.

45. Person Identifier of Additional Alleged Offender(s). The nine-digit number Social Security Number assigned to each additional alleged offender(s). (Note: Enter up to five additional SSN's for multiple offenders).

PART TEN: Resources

Numerous resources are available through the military community, the civilian community, and the Internet. These resources should be used by the case manager to obtain information, solve problems, refer clients, and enhance their own learning and knowledge. Each FAP site should work to establish their own lists of resources for both staff and clients. Listed below are selected resources.

10.1 MILITARY RESOURCES

Many military resources have been cited throughout this desk guide (i.e., Part 4, FAP Players). Use the Table of Contents to find the specific resources. Following are some additional military resources:

- **Chaplains**: As pastoral counselors, chaplains can provide counseling to individuals and families, addressing their spiritual well-being. This counseling, in conjunction with additional rehabilitation and education, can assist both victims and offenders.
- **Ombudsman:** An ombudsman assists commanding officers in carrying out their responsibility for the morale, health and welfare of Navy families. The command family ombudsman is a volunteer appointed by the commanding officer. The ombudsman can provide information and assistance to family members, and can be a valuable source of support for families in crisis.
- **Navy and Marine Corps Relief Society:** "Navy Relief" is a nonprofit organization whose primary purpose is to provide service members and their families with financial assistance and budget counseling. They may assist a family in need with emergency food, assistance for basic living expenses and transportation costs.
- **DoD Child Abuse/Safety Violation Hotline:** A DoD hotline for reporting suspected child abuse or safety violations at Military Child Development Centers or Family Day Care Homes: 1-800-336-4592

10.1.1 QOLMISNET (QUALITY OF LIFE MANAGEMENT INFORMATION SYSTEM)

The Bureau of Naval Personnel (BUPERS) provides program and fiscal support for 66 Family Service Centers, four regional FAPs, 10 Regional FAP Coordinators and 10 Major Claimants worldwide. BUPERS is currently in the process of completing the initial upgrade of both the hardware and software of QOLMIS-66 from a DBASE application to a worldwide, enterprise-based application running on Lotus Notes/Domino. The upgrade, based on the original QOLMIS-66 process includes the FAP Case Management System. QOLMISNET provides a full range of data gathering and collation for determining the demographics necessary for both programming and the budget process.

The current Lotus Notes based QOLMISNET consists of approximately 40 databases and has been in operation since July 1998. QOLMISNET/FAP CMS provide a large range of case management tools as well as FSC and FAP Center customer service capabilities.

If a problem occurs when using QOLMISNET there are three ways to report it.

1. The preferred method is via e-mail. The message should be addressed to qolmishelp@qolmis.net. The following format should be used:
   To: qolmishelp@qolmis.net
   Subject: Problem Report FAP CMS
   Message Body should include:
   - Your name
   - Your e-mail address
   - Your commercial telephone number
   - Problem Details
2. Via the QOLMISNET user support Website. The address is www.qolmis.net, From the main page click on the email Help Desk icon to go to the web problem report.
3. Via the telephone. Call the QOLMISNET Help Desk at (901) 874-4950 or DSN 882-4950.

10.1.2 NEW PARENT SUPPORT PROGRAM

New Parent Support (NPS) is a program that provides support services for military members (single or married) and their families, who are expectant or new parents. These services include:

- Parental support
- Education regarding pregnancy, birth and parenting
- Referrals to support groups and classes
- Resources/resource library
- Information and referral to civilian and military resources.

The goals of NPS are based on the military's goal of keeping families healthy and strong. The goals include:

- Provision of support and guidance during pregnancy and early infancy
- Enhancement and strengthening of the family unit
- Reduction of isolation and stress
- Building a nurturing environment for children

To determine the needs, a family assessment worker meets with the family and discusses what services are available in the military and in the civilian community. Some families may qualify and, at their request, be referred in to community home visitation programs.

NPS provides services through:

- Hospital visits
- Clinic visits
- Office visits
- Telephone consultation
- Videos and literature

10.1.3 VICTIMS SERVICES SPECIALIST

A victim services specialist (VSS) is a supportive resource and advocate for the expressed interests of the victim. The victim services specialist:

- Must be able to assist the victim in contacting, accessing or using established military and civilian victim assistance services to support their needs
- Keep the victim informed of official DoN action

In addition, the victim service specialist may serve as a consultant on the CRC.

10.1.4 SEXUAL ASSAULT VICTIM INTERVENTION PROGRAM (SAVI)

Reference: *SECNAVINST 1752.4 (11996) OPNAVINST 1752.1A (1998)*

Sexual assault/rape is a criminal act incompatible with the DoN's core values, high standards of professionalism and personal discipline. The Navy's Sexual Assault Victim Intervention (SAVI) program was implemented to eliminate sexual assault incidents, which impact DoN personnel and family members, through awareness and prevention, education, and provision of the safest possible installation environments

There are three components of the SAVI program that are implemented at all installations and their commands:

- Sexual assault awareness and prevention education
- Victim advocacy
- Data collection

Installation commanders shall designate a SAVI program coordinator to oversee the program. This person is usually located at the FSC. In addition, each command shall appoint a SAVI POC on a collateral duty basis who will ensure prevention education, victim advocacy, and data collection are carried out for the command.

10.1.5 PERS-661

The following chart lists positions, phone numbers and e-mail addresses for PERS-661 personnel. A complete list of PERS-6 phone numbers and e-mail addresses can be found at www.bupers.navy.mil/main/phonebook/pers6.pdf

COUNSELING, ADVOCACY AND PREVENTION BRANCH - PERS 661 CONTACT LIST

Area Code (901)
DSN: 882-XXXX
E-mail: NAME@persnet.navy.mil
DSN Prefix: 882-

EMPLOYEE NAME	POSITION	COMMERCIAL NO.	E-MAIL
BRANCH (PERS-661)			
DR. SANDRA ROSSWORK	Branch Head	874-4355	sandra.rosswork
MR. OWEN YODER	Asst Branch Head	874-4336	owen.yoder
MS. DEBBIE HEISEY	Admin Coordinator	874-4337	debbie.heisey
MS. JOANNE STEVENSON	Receptionist	874-4334	joanne.stevenson
MS. NANCY MORLEY	Secretary	874-4333	nancy.morley
CHILD SEXUAL ABUSE CASE MANAGEMENT SECTION (PERS-661D)			
MS. KAREN ROKSANDIC	Section Head	874-4361	karen.roksandic
MS. BEVERLY ROBINSON	Secretary	874-4345	beverly.robinson
MS. MARCI DAY	Case Manager	874-4344	marciann.day
MS. JANET FAGAN	Case Manager	874-4332	janet.fagan
Ms. BRENDA HOLBROOK	Case Manager	874-4363	brenda.holbrook
SEXUAL ASSAULT VICTIM INTERVENTION SECTION (PERS-661F)			
MS. JULIA POWELL	Acting Section Head	874-4347	julia.powell
MS. LINDA HARDEN	Database Manager	874-4335	linda.harden
POLICY AND PREVENTION SECTION (PERS-661G)			
DR. TERRI RAU	Section Head	874-4341	terri.rau
LT. KEVIN BRADSHAW	QA/Credentialing	874-3254	kevin.bradshaw
MS. LAURA BRANDT	New Parent Support	874-4348	laura.brandt
MS. DOREEN CHIN	Family Violence Case Mgr	874-4349	doreen.chin
DR. DAN MCDONALD	Child Abuse Consultant	874-4354	daniel.mcdonald
MS. JENA WATHAN	Family Violence Case Mgr	874-4360	jena.wathan
BUDGET AND RESOURCE SECTION (PERS-661R)			
MR. RAYMOND LOFINK	Section Head	874-4356	raymond.lofink
MS. BARBARA ADAMS	Budget Assistant	874-4359	barbara.adams
MS. KATHY FISHER	Budget Analyst	874-4357	kathy.fisher
MS. KATHY SINGLETARY	Budget Assistant	874-4358	kathy.singletary

(Continued)

TRAINING, RESEARCH AND ANALYSIS SECTION (PERS-661T)

MR. MICHAEL HOSKINS	Section Head	874-4346	michael.hoskins
MS. SHEILA SAMUEL	Training Technician	874-4331	sheila.samuel
MS. DIANE TWOMEY	Contract Specialist	874-4362	diane.twomey
MR. GREGG WELLS	Central Registry Manager	874-4521	gregg.wells

INFORMATION TECHNOLOGY SECTION

MS. CATHY ADAMS-BOMAR	PERS-66 IT Section Head	874-4350	cathy.bomar
MS. BARBARA DERRYBERRY	Computer Spec	874-4399	barbara.derryberry

FAX NUMBER PERS-661 874-2690
Alternate FAX NUMBER (PERS-660) 874-2689

Regular Mail

NAVY PERSONNEL COMMAND NPC-661
5720 INTEGRITY DRIVE
MILLINGTON TN 38055-6610

Special Deliveries (e.g. Fed Ex, UPS, Airborne, etc.)

NAVY PERSONNEL COMMAND
NPC-661
BLDG 768, RM S101
5640 TICONDEROGA LOOP
MILLINGTON TN 38055-6610

10.1.6 NAVY FAP DIRECTORY

Following are two directories of Navy FAP sites:

1. FAR Directory – Alphabetical by Sites
2. Regional Coordinators

FAR DIRECTORY (Alphabetical By Site)

SITE INFORMATION		PHONE NUMBERS		ADDRESS
Name	Annapolis, Maryland	**Comm**	(410) 293-2641	Family Service Center U.S. Naval Academy
Region	Naval District Washington	**DSN**	281-2641	348 Kinkaid Road
POC	Ms Karen	**Fax Comm**	(410) 293-5380	
	Hoover	**FAX DSN**	281-5380	21402-5073
UIC	48620	**Email**	khoover@nadn.navy.mil	Annapolis MD
Name	Atlanta, Georgia	**Comm**	(770) 919-6735	Family Service Center, Bldg 80, Attn Code 16,
Region	Heartland	**DSN**	925-6735 (117)	1000 Halsey Avenue
POC	Ms Eileen	**Fax Comm**	(770) 919-6407	
	Miller	**FAX DSN**	925-6407	30060-5099
UIC	00196	**Email**	millere@cnrf.nola.navy.mil	Marietta GA
Name	Atsugi, Japan	**Comm**	011-81-311-764-3628	Family Service Center, PSC 477, Box 32
Region	CINCPACFLT	**DSN**	264-3643 / 3628	
POC	Mr. Cliff	**Fax Comm**	011-81-467-70-3609	96306-1232
	Breslow	**FAX DSN**	264-3241	FPO AP
UIC	48652	**Email**	FSCadmin@emh.atsugi.navy.mil	
Name	Bangor, Washington	**Comm**	(360) 315-3077	Family Advocacy Treatment Submarine Bangor Code 47614
Region	Seattle	**DSN**	322-3077	2901 Barbel Street
POC	Mr. Gary	**Fax Comm**	(360) 315-3064	
	Winsper	**FAX DSN**	322-3064	98313
UIC	68436	**Email**	no e-mail address	Silverdale WA
Name	Bremerton, Washington	**Comm**	(360) 315-3077	Family Advocacy Treatment Center Code 47614
Region	Seattle	**DSN**	322-3077	2901 Barbel Street
POC	Mr. Gary	**Fax Comm**	(360) 315-3064	
	Winsper	**FAX DSN**	322-3064	98313
UIC	68095	**Email**	no e-mail address	Silverdale WA
Name	Brunswick, Maine	**Comm**	(803) 778-5239 EXT 227	Family Serve Center Naval Air Station
Region	N/A	**DSN**	476-2411	Box 66
POC	Mr Renald	**Fax Comm**	(207) 921-2617	
	Perillo	**FAX DSN**	476-2617	04011-5000
UIC	48673	**Email**	rperillo@nasb.navy.mil	Brunswick ME

SITE INFORMATION		PHONE NUMBERS		ADDRESS
Name	Charleston, South Carolina	**Comm**	(843) 764-7294 Ext 35	Family Service Center Naval Weapons Station Charleston, Bldg
Region	Jacksonville	**DSN**	794-7294 EXT 35	786, 1005 Jefferson Ave
POC	Ms Ann C.	**Fax Comm**	(843) 764-7299	29445-8601
	Wilson	**FAX DSN**	794-7299	Goose Creek SC
UIC	48664	**Email**	wilson_ann@nwschs.navy.mil	
Name	China Lake, California	**Comm**	(760) 939-4545	Naval Air Weapons Station Attn Code 8J0000F1
Region	San Diego	**DSN**	437-4545	Administration Circle
POC	Bonnie	**Fax Comm**	(760) 939-2974	
	Senn	**FAX DSN**	437-2974	93555-6100
UIC	60530	**Email**	sennbe@navair.navy.mil	China Lake CA
Name	CINCPACFLT	**Comm**	(808) 474-3456	CINCPACFLT Family Support Program Attn N4675
Region	CINCPACFLT	**DSN**	(315) 474-3456	250 Makalapa Drive
POC	Ms Linda	**Fax Comm**	(808) 471-9652	
	Boswell	**FAX DSN**	(315) 471-9652	96860-3131
UIC	00070	**Email**	Boswell@cpf.navy.mil	Pearl Harbor HI
Name	CINCUSNAVEUR Region	**Comm**	011-44-171-514-4889	CINCUSNAVEUR, N18A, PSC 802, Box 4
Region	CINCUSNAVEUR London	**DSN**	314-235-4889	
POC	Ms Deborah	**Fax Comm**	011-44-171-514-4602	
	Williams	**FAX DSN**	(314) 235-4602	09499-0521
UIC	00061	**Email**	cnen18a@naveur.navy.mil	FPO AE
Name	Colts Neck, New Jersey	**Comm**	(732) 866-2589	Family Service Center Naval Weapons Station Earl Bldg
Region	Northeast	**DSN**	449-2589	C59 HWY 34
POC	Mr Robert	**Fax Comm**	(732) 866-2131	
	Osenenko	**FAX DSN**	07722-5011	
UIC	68335	**Email**	roseneko@earl.navy.mil	Colts Neck NJ
Name	COMFAIRMED (Italy)	**Comm**	011-39-081-568-3077	Regional FAP Coordinator Region COMFAIRMED
Region	COMFAIRMED Region Naple Italy	**DSN**	(314) 626-3077	PSC817, Box2
POC	CDR Larry L.	**Fax Comm**	011-39-081-568-4702	
	Zoeller	**FAX DSN**	(314) 626-4702	09622-2000
UIC	41664	**Email**	zoellerl@naples.navy.mil	FPO AE

SITE INFORMATION		PHONE NUMBERS		ADDRESS
Name	Corpus Christi, Texas	**Comm**	(361) 961-2372/3722	Family Service Center, Naval Air Station, 11001D Street, Suite 143
Region	Heartland	**DSN**	861-2372/3722	
POC	Ms Morgan	**Fax Comm**	(361) 961-3797	
	Burgess	**FAX DSN**	861-3797	78419-5021
UIC	48686	**Email**		Corpus Christi TX
Name	Dahlgren, Virginia	**Comm**	(540) 653-2208	Family Service Center, Code CD23 Bldg 214, Naval Surface Warfare
Region	Naval District Washington	**DSN**	249-2208	Center, 17320 Dahlgren Road
POC	Ms Cathrilla	**Fax Comm**	(540) 653-7041/1089	
	Davis	**FAX DSN**	249-7041	22448-5100
UIC	00178	**Email**	daviscl@nswc.navy.mil	Dahlgren VA
Name	Earle, New Jersey	**Comm**	(732) 866-2589	Family Service Center, 201 Highway 34 South
Region	Northeast	**DSN**	449-2589	
POC	Ms Pamela	**Fax Comm**	(732) 866-2131	
	Schott	**FAX DSN**	449-2131	07722-5011
UIC	60478	**Email**	pschott@earl.navy.mil	Colt's Neck NJ
Name	Everett, Washington	**Comm**	(425) 304-4058 / 4059	Naval Branch Medical Clinic, Naval Station Everett,
Region	Seattle	**DSN**	727-4058 / 4059	2000 W. Marine View Drive
POC	Ms Wendy	**Fax Comm**	(425) 304-4136	
	Lee	**FAX DSN**	727-4136	98207-1300
UIC	68967	**Email**	leews@everett.navy.mil	Everett WA
Name	Fallon, Nevada	**Comm**	(775) 426-3333	Family Service Center, Naval Air Station Fallon,
Region	San Diego	**DSN**	890-3333	4755 Pasture Road
POC	Ms Caroline	**Fax Comm**	(775) 426-3339	
	Bender	**FAX DSN**	890-3339	89496-5000
UIC	48696	**Email**	benderc@fallon.navy.mil	Fallon NV
Name	Fort Meade, Maryland	**Comm**	(301) 677- 6882 / 6883 / 6884	Family Service Center, NAVSEC Group Activity, Bldg 9903,
Region	Naval District Washington	**DSN**	923-6882 / 6883 / 6884	Colony 7 Rd
POC	LT Kathy	**Fax Comm**	(301) 677-6880	20755-5290
	Johnson	**FAX DSN**	923-6880	Ft. Meade MD
UIC	62936	**Email**	kajohnson@hqcnsg.navy.mil	

SITE INFORMATION		PHONE NUMBERS		ADDRESS
Name	Fort Worth, Texas	**Comm**	(817) 782-5470	Family Service Center (N22), Naval Air Station JRB,
Region	Heartland	**DSN**	739-5470	3175 Vandenberg Ave
POC	Ms. Mary	**Fax Comm**	817-782-7189	
	Gallon	**FAX DSN**	739-7189	76127
UIC	48659	**Email**	gallon@cnrs.nola.navy.mil	NAS JRB Fort Worth TX
Name	Gaeta	**Comm**	011-39-789-79-8205	Family Service Center PSC 811
Region	COMFAIRMED	**DSN**	(314) 623-8205	
POC	Mr. Kenneth	**Fax Comm**	011-39-789-8204	09609
	Bailey	**FAX DSN**	(314) 623-8204	FPO AE
UIC	32960	**Email**	Baileyk@nsa.naples.navy.mil	
Name	Great Lakes, Illinois	**Comm**	(847) 688-3603 / 3604 ext 139	Navy Family Service Center, NAVTRACEN (N72) Bldg. 42
Region	Northeast	**DSN**	792-3603, ext 139	2601 A Paul Jones Street
POC	Ms Maryann	**Fax Comm**	(847) 688-2827	60088-5001
	Obenberger	**FAX DSN**	792-2827	Great Lakes IL
UIC	00210	**Email**	maryann.obenberger@smtp.cnet. navy.mil	
Name	Groton, Connecticut	**Comm**	(860) 694-3383	Family Service Center, Naval Submarine Base, Box 93
Region	Groton	**DSN**	694-3383	
POC	Ms Karen	**Fax Comm**	(860) 694-6495	
	Parkinson	**FAX DSN**	694-4695	06349-5093
UIC	00129	**Email**	smtp.cnet.navy.mil	Groton CT
Name	Guam	**Comm**	011-671-333-2056	Family Service Center, PSC 455, Box 157
Region	CINCPACFLT	**DSN**	333-2056	
POC	Mr Vince	**Fax Comm**	011-671-344-9864	
	Pereda	**FAX DSN**	344-9864	96540-1157
UIC	48704	**Email**	n15@guam.navy.mil	FPO AP
Name	Guantanamo Bay, Cuba	**Comm**	011-53-99-4141 / 4153	Family Service Center, PSC 1005, Box 25
Region	Jacksonville	**DSN**	723-3960	
POC		**Fax Comm**	011- 53-99-4429	
	Vacant	**FAX DSN**	723-4429	09593-1000
UIC	60514	**Email**	no email address	FPO AE

SITE INFORMATION		PHONE NUMBERS		ADDRESS
Name	Gulfport, Mississippi	**Comm**	(228) 871-2581	Family Service Center, Attn FAR, Code 13, 5200 CBC Second St
Region	N/A	**DSN**	868-2581	Construction Battalion Center
POC	Ms Margaret	**Fax Comm**	(228) 871-3610	39501-5000
	Scurfield	**FAX DSN**	868-3610	GulfportMS
UIC	62604	**Email**	mhscurfield@cbcgulf.navfac.navy. Mil	
Name	Ingleside, Texas	**Comm**	(361) 776-4551	Family Service Center, Attn Code N91, 2370 Highway 361
Region	Heartland	**DSN**	776-4551	
POC		**Fax Comm**	(361) 776-4558	78362-5001
	Vacant	**FAX DSN**	776-4558	Ingleside TX
UIC	48665	**Email**	lee _applegate@smtpgate.nsi.	
Name	Jacksonville Region	**Comm**	(904) 542-5387	COMNAVBASE, Jacksonville Code N81, Box 102,
Region	Jacksonville	**DSN**	942-5387	Bldg 850
POC	Ms Marilyn	**Fax Comm**	(904) 542-0422	
	Waller	**FAX DSN**	942-0422	32212-0102
UIC	48670	**Email**	wallerm@jaxm.navy.mil	Jacksonville FL
Name	Jacksonville, Florida	**Comm**	(904) 542-2766 EXT 52	Family Service Center Naval Air Station
Region	Jacksonville	**DSN**	942-2766 EXT 52	Box 136
POC	Ms Jeanette	**Fax Comm**	(904) 542-5716	
	Werby	**FAX DSN**	942-5716	32212-5000
UIC	48670	**Email**	owerby@nasjax.navy.mil	Jacksonville FL
Name	Keflavik, Iceland	**Comm**	011-354-425-4401	Family Service Center, PSC 1003, Box 45
Region	Norfolk	**DSN**	450-4401	
POC	LT Stephen	**Fax Comm**	011-354-425-4602	09728-0345
	Bromberek	**FAX DSN**	450-4602	FPO AE
UIC	63032	**Email**	stephenbromberek@naskef.	
Name	Key West, Florida	**Comm**	(305) 293-4408 / 4409	Family Service Center, Naval Air Station, 804 Sigsbee Rd,
Region	Jacksonville	**DSN**	483-4408 / 4409	Box 9037
POC	Mr. Charles	**Fax Comm**	(305) 293-4415	
	Hoeker	**FAX DSN**	483-4415	33040-9001
UIC	00213	**Email**	kwfar.yahoo.com	Key West FL

SITE INFORMATION		PHONE NUMBERS		ADDRESS
Name	Kings Bay, Georgia	**Comm**	(912) 673-4222	Family Service Center, Submarine Base QL11,
Region	Southeast	**DSN**	573-4222	1063 USS Tennessee Avenue
POC	Ms. Ardith	**Fax Comm**	(912) 673-2031	31547-2606
	Lamm	**FAX DSN**	573-2031	Kings Bay GA
UIC	48661	**Email**	qllamm@subasekb.navy.mil	
Name	Kingsville, Texas	**Comm**	(361) 516-6333	Navy Family Service Center, Naval Air Station,
Region	Heartland	**DSN**	876-6333	746 Rosendahl St.,
POC	Mr. David K.	**Fax Comm**	(361) 516-6927	Code 00I00
	Jones	**FAX DSN**	876-6927	78363-5110
UIC	48638	**Email**	fsc00i10@intcomm.net	Kingsville TX
Name	La Maddalena, Italy	**Comm**	011-391-081-724-3145	Family Service Center, U.S. Naval Support Activity, PSC 816,
Region	COMFAIRMED (Italy)	**DSN**	(314) 625-3145	Box 1795
POC	Ms Rebecca	**Fax Comm**	011-39-081-724-3385	09612-0057
	Lombardi	**FAX DSN**	(314) 625-3385	FPO AE
UIC	48630	**Email**	Lombardir@lamadd.navy.mil	
Name	Lakehurst, New Jersey	**Comm**	(732) 866-2589	Naval Weapons Station East Hwy 34 Bldg C59
Region	Northeast	**DSN**	449-2589	
POC	Mr Robert	**Fax Comm**	(7320 866-2131	
	Osenenko	**FAX DSN**	449-2131	07722-5011
UIC	68335	**Email**	roseneko@earl.navy.mil	Colts Neck NJ
Name	Lemoore, California	**Comm**	(559) 998-2559)	Family Service Center, Naval Air Station, Bldg. 737, Code 1300
Region	San Diego	**DSN**	949-4042	
POC	Mr. David	**Fax Comm**	(559) 998-4040	93246-5001
	Dupuis	**FAX DSN**	949-4040	Lemoore CA
UIC	63042	**Email**	dupuisd@fsc.lemoore.navy.mil	
Name	Little Creek, Virginia	**Comm**	(757) 462-4277	Program Manager, Regional Support Services PM6
Region	Norfolk	**DSN**	253-4277	7918 Blandy Rd, Suite 100
POC	Mr. Paul Finch	**Fax Comm**	(757) 462-7404	23551-2419
		FAX DSN	253-7404	Norfolk VA
UIC	3271A	**Email**	pfinch@nabic.cmar.navy.mil	

SITE INFORMATION		PHONE NUMBERS		ADDRESS
Name	London,	**Comm**	011-441-171-514-4889 (COMNAVACT-UK)	Family Service Center, U.S. Navy Activities UK, PSC 821, Box 59
Region	CINCUSNAVEUR	**DSN**	(314) 235-4889	
POC	Mr. Robert	**Fax Comm**	011-441-71-514-4602	
	Richards	**FAX DSN**	(314) 235-4602	09421-0059
UIC	00061	**Email**	Richards@cnauk.navy.mil	FPO AE
Name	Manama	**Comm**	011-973-724-4046	Family Service Center, PSC 451, Box 95
Region	CINCUSNAVEUR	**DSN**	318-439-4046	
POC	Mr. Marty	**Fax Comm**	011-973-724-4049	09834-2800
	Masters	**FAX DSN**	318-439-4049	FPO AE
UIC	49890	**Email**	Mastersm@bahrain.navy.mil	
Name	Mayport, Florida	**Comm**	(904) 270-7071	Family Service Center, Bldg 1576, Box 280042
Region	Jacksonville	**DSN**	960-7071	
POC	Mr Roy	**Fax Comm**	(904) 270-7072	32228-0042
	Tannis	**FAX DSN**	960-7072	Mayport FL
UIC	48676	**Email**	rtannis@nsmayport.spear.navy.mil	
Name	Meridian, Mississippi	**Comm**	(601) 679-2183	Family Service Center, Naval Air Station, 405 Rosenbaum Ave,
Region	Heartland	**DSN**	637-2183	
POC	Ms Allyson	**Fax Comm**	(601) 679-2191	39309-5405
	Cagle	**FAX DSN**	637-2191	Meridian MS
UIC	48642	**Email**	allyson.cagle@smtp.cnet.navy.mil	
Name	Millington, Tennessee	**Comm**	(901) 874-5930	Family Service Center, Naval Support Activity Mid-South,
Region	N/A	**DSN**	882-5930	5722 Integrity Dr.
POC	Ms Carolyn	**Fax Comm**	(901) 874-5556	
	Crum	**FAX DSN**	882-5556	38055
UIC	00639	**Email**	no e-mail address	Millington TN
Name	Monterey	**Comm**	(408) 656-3060	Family Service Center, Attn Code N11, 1280 Leahy Rd
Region	San Diego	**DSN**	878-3060/3060	
POC	Rosa-Anna	**Fax Comm**	(408) 656-4165	
	Lisa	**FAX DSN**	878-4165	93940-5000
UIC	48619	**Email**	RALisa@nps.navy.mil	Monterey CA

SITE INFORMATION		PHONE NUMBERS		ADDRESS
Name	Naples	**Comm**	011-34-956-82-3231/323	Family Service Center, U.S. Naval 2 Support Activity, PSC 810, Box 53
Region	COMFAIRMED (Italy)	**DSN**	(314) 727-3231/3232	
POC	Ruth	**Fax Comm**	011-34-956-82-1709	09619-1053
	Goldberg	**FAX DSN**	(314) 727-1709	FPO AE
UIC	48631	**Email**	goldberr@nsa.naples.navy.mil	
Name	Naval District Washington	**Comm**	(202) 433-9059	NDW, ANACOSTIA ANNEX Region 2791 Brookley Ave SW
Region	Naval District Washington	**DSN**	288-9059	Suite 101
POC	Ms Libby	**Fax Comm**	(202) 433-2905	20373-5801
	Seguin	**FAX DSN**	288-2905	Washington DC
UIC	00171	**Email**	elizabeth.seguin@ndw.navy.mil	
Name	Naval Station Washington	**Comm**	(202) 433-5032	Family Service Center, Naval Support Activity, Washington,
Region	Naval District Washington	**DSN**	288-5032	Bldg 150, 2701 S. Capitol St. S.W.
POC	Ms Kathleen	**Fax Comm**	(202) 433-0654	20374-5003
	Williams	**FAX DSN**	288-0654	Washington DC
UIC	48712	**Email**	kwilliams@wnyosi7.nctsw.navy.mil	
Name	New Orleans, LA	**Comm**	(504) 678-2921/ 2947	Naval Support Activity, Code N8, 2300 General Myer Avenue
Region	Heartland	**DSN**	678-2921/2947	
POC	Mr Norlan	**Fax Comm**	(504) 678-2502	
	Hayes	**FAX DSN**	678-2502	70142-5007
UIC	48710	**Email**	hayesn@cnrf.nola.navy.mil	New Orleans LA
Name	Newport, Rhode Island	**Comm**	(401) 841-2283	Family Service Center, Naval Station Newport, 1260 Peary
Region	Northeast	**DSN**	948-2283	Street
POC	Ms Marianne	**Fax Comm**	(401) 841-1586	02841-1629
	Tomassone	**FAX DSN**	948-1586	Newport RI
UIC	48641	**Email**	marianne.tomassone@smtp.cnet. navy.mil	
Name	Norfolk Region	**Comm**	(757) 444-2230	Program Manager Regional Support Services PM6
Region	Norfolk	**DSN**	564-2230	7918 Blandy Rd, Suite 100
POC	Ms Wanda	**Fax Comm**	(757) 444-0830	23551-2419
	Barnard-Bailey	**FAX DSN**	564-0830	Norfolk VA
UIC	3272A	**Email**	wbailey@nasnorfolk.cmar.navy.mil	

SITE INFORMATION		PHONE NUMBERS		ADDRESS
Name	Norfolk, Virginia	**Comm**	(757) 444-2230	Program Manager Regional Support Services PM6
Region	Norfolk	**DSN**	564-2230	7918 Blandy Rd, Suite 100
POC	Ms. Mallory	**Fax Comm**	(757) 444—0830	23551-2419
	Schaffer	**FAX DSN**	564-0830	Norfolk VA
UIC	3272A	**Email**	mschaffer@nasnorfolk.cmar.navy.mil	
Name	Northeast Region	**Comm**	(860) 694-5025	Commander North East Region, Code XDF, Box 100, Submarine
Region	Northeast	**DSN**	694-5025	Base, New London
POC	Ms Susann	**Fax Comm**	(860) 694-3699	
	Carter	**FAX DSN**	06349	
UIC	00129	**Email**	scarter@cner.navy.mil	Groton CT
Name	Northwest NAVSECGRP Virginia	**Comm**	(757) 421-8770	NSG Activity Northwest, 1320 Northwest Blvd, Suite 100
Region	Norfolk	**DSN**	564-1336 EXT 8770	
POC	Ms Pamela	**Fax Comm**	(757) 421-8782	
	Adams	**FAX DSN**	23322-4094	
UIC	63891	**Email**	pyadams.nsga.navy.mil	Cheasapeake VA
Name	Oceana	**Comm**	(757) 433-2555	Program Manager, Regional Support Services PM6
Region	Norfolk	**DSN**	433-2555	7918 Blandy Rd. Suite 100
POC	Mr. Paul	**Fax Comm**	(757) 433-2472	23551-2419
	Finch	**FAX DSN**	433-2472	Norfolk VA
UIC	3270A	**Email**	pfinch@nablc.cmar.navy.mil	
Name	Pascagoula, Mississippi	**Comm**	(228) 497-4281	Family Service Center, Naval Station, Pascagoula, 2800 U.S.
Region	Jacksonville	**DSN**	358-2096	Highway 90, Suite 1466
POC	Ms. Carolyn	**Fax Comm**	(228) 497-9529	
	Lewis-McCorvey	**FAX DSN**	39553-5114	Gautier MS
UIC	68890	**Email**	fasfar@ns-pascagoula.navy.mil	
Name	Patuxent River, Maryland	**Comm**	(301) 342-4911	Family Service Center, Naval Air Station, NASFS, 21993 Bundy
Region	Naval District Washington	**DSN**	342-4911	Road
POC	Ms Susanne	**Fax Comm**	(301) 757-1866	
	Wells	**FAX DSN**	757-1866	20670-1132
UIC	48711	**Email**	wellssk@navair.navy.mil	Patuxent River MD

SITE INFORMATION		PHONE NUMBERS		ADDRESS
Name	Pearl Harbor Region	**Comm**	(808) 471-9458	COMNAVREG, Pearl Harbor, FAC, Code N11, 521 Russell Ave
Region	Pearl Harbor	**DSN**	430-0111 ext 471-9458	Suite 60
POC	Ms Kathryn	**Fax Comm**	(808) 474-9025	
	Koos-Lee	**FAX DSN**	96860-4898	Pearl Harbor HI
UIC	61449	**Email**	KoosLeka@hawaii.navy.mil	
Name	Pearl Harbor, Hawaii	**Comm**	(808) 471-9458	COMNAVREG, Hawaii, Family Advocacy Center, Code N11, 521
Region	Pearl Harbor	**DSN**	Russell Ave. Suite 60	
POC	Ms. Cleo	**Fax Comm**	(808) 474-9025	
	Lloyd	**FAX DSN**	96860-4898	
UIC	61449	**Email**	lloydcv@hawaii.navy.mil	Pearl Harbor HI
Name	Pensacola, Florida	**Comm**	(850) 452-5990, Ext 118	Family Service Center, Naval Air Station, Pensacola,
Region	Heartland	**DSN**	922-5990, Ext 118	151Ellyson, Suite A
POC	Ms Bobbie	**Fax Comm**	(850) 452-2586	32508-5217
	Simpkins	**FAX DSN**	922-2586	Pensacola FL
UIC	48635	**Email**	bobbie.simpkins@smtp.cnet.navy.mil	
Name	Pensacola, Florida	**Comm**	(850) 452-4882	Chief of Naval Education and Training, NAS, Attn Code 0S417,
Region	Heartland	**DSN**	922-4882	250 Dallas Street
POC	Ms. Janet	**Fax Comm**	(850) 452-3085	32508-5220
	Raines	**FAX DSN**	922-3085	Pensacola FL
UIC	00062	**Email**	janet-e.raines@smtp.cnet.navy.mil	
Name	Point Mugu, California	**Comm**	(805) 989-8146	Family Service Center, Naval Air Station, Code FS200, 521 9th
Region	San Diego	**DSN**	351-8146	Street
POC	Ms Amy	**Fax Comm**	(850) 488-1563	
	Barron	**FAX DSN**	93042-5001	
UIC	63126	**Email**		Point Mugu CA
Name	Portsmouth	**Comm**	(757) 953-7801/7802	Program Manager, Regional Support Services, PM6
Region	Norfolk	**DSN**	7918 Blandy Road Suite 100	
POC	Ms. Maxine	**Fax Comm**	(757) 953-6092	
	Bowser	**FAX DSN**	23551-2419	Norfolk VA
UIC	00183	**Email**	mbowser@nasnorfolk.cmar.navy.	Mil

SITE INFORMATION		PHONE NUMBERS		ADDRESS
Name	Roosevelt Roads, Puerto Rico	**Comm**	(787) 865-4097 / 3369	Family Service Center U.S. Naval Station,
Region	Jacksonville	**DSN**	831-4097	PSC 1008, Box 3591
POC	LT Amy	**Fax Comm**	(787) 865-3482	34051-3591
	Barsnick	**FAX DSN**	831-3482	FPO AA
UIC	48672	**Email**	barsnicka@navstarr.navy.mil	
Name	Rota, Spain	**Comm**	011-39-095-56-4291/429 2	Family Service Center, U.S. Naval Station, Rota Spain, PSC 819, Box 57
Region	COMFAIRMED	**DSN**	(314) 624-4291/4292	
POC	Ms Renee	**Fax Comm**	011-39-095-56-4294	09645-5500
	O'Brien	**FAX DSN**	(314) 624-4294	FPO AE
UIC	48632	**Email**	Nfsc13@navsta.rota.navy.mil	
Name	San Diego Region	**Comm**	(619) 556-8809	Commander, Navy Region SW (N993), 937 North Harbor Dr.
Region	San Diego	**DSN**	526-8809	
POC	CAPT David	**Fax Comm**	(619) 556-9473	
	Kennedy	**FAX DSN**	92147	
UIC	00242	**Email**	dkenn@cnbsd.navy.mil	San Diego CA
Name	San Diego, California	**Comm**	(619) 556-8809	Family Advocacy Center, CodeN10, 937 North Harbor
Region	San Diego	**DSN**	526-8809 / 8818	Drive
POC	Ms Susan	**Fax Comm**	(619) 556-9473	
	Cramer	**FAX DSN**	92132-0058	
UIC	00242	**Email**	cram@cnbsd.navy.mil	San Diego CA
Name	Sasebo, Japan	**Comm**	011-81-956-24-6111 EXT 3604	Family Service Center, ATTN Code 100, PSC 476, Box 62
Region	CINCPACFLT	**DSN**	(315) 252-3604 / 3603	
POC	Mr. Dennis	**Fax Comm**	011-81-956-24-6111	
	Smith	**FAX DSN**	(315) 252-3653	96322-0062
UIC	48653	**Email**	c100@cfas.navy.mil	FPO AP
Name	Scotia	**Comm**	(518) 583-2900	Navy Family Service Center 277 Washington Street
Region	Scotia	**DSN**		
POC	**Fax Comm**	(518) 580-0273		
	Vacant	**FAX DSN**	12866-5912	
UIC	68317	**Email**		Saratoga Springs NY

SITE INFORMATION		PHONE NUMBERS		ADDRESS
Name	Seattle Region	**Comm**	(360) 315-5170/5114	Naval Base Seattle (N62) Community Programs
Region	Seattle	**DSN**	322-5170/5144	1103 Hunley Road
POC	Mr. Steve	**Fax Comm**	(360) 315-5115	
	Zahl	**FAX DSN**	322-5115	98315-1103
UIC	00620	**Email**	szahl@cnbs.navy.mil	Silverdale WA
Name	Sebana Seca, Puerto Rico	**Comm**	(787)	US Naval Station PSC 261-8387/795-8455 1009 Box 36
Region	Jacksonville	**DSN**		
POC	Ms. Carmen	**Fax Comm**	(787) 261-8386	
	Flores	**FAX DSN**	34053-0036	
UIC	66754	**Email**	cmflore@nsgass.navy.mil	FPO AA
Name	Sigonella, Italy	**Comm**	011-44-1895-61-6500	Family Service Center, PSC 824, Box 2650
Region	COMFAIRMED (Italy)	**DSN**	(314) 235-6500	
POC	Mr. Jimmie	**Fax Comm**	011-44-1895-61-6505	
	Musgrow	**FAX DSN**	(314) 235-6500	09623-2650
UIC	62585	**Email**	Musgrowj@sicily.navy.mil	FPO AE
Name	St. Mawgan, United Kingdom	**Comm**	011-44-1841-541-42	Family Service Center, JMF St. Mawgan, PSC 804, Box 16
Region	CINCUSNAVEUR	**DSN**	234-3203	
POC	Mr. Owen	**Fax Comm**	011-44-1637-85-3239	
	Norton	**FAX DSN**	234-3239	09409-1016
UIC	32897	**Email**	mf19@post.nctsl.navy.mil	FPO AE
Name	Washington, DC	**Comm**	(202) 762-3177	Chief Bureau of Medicine & Surgery (MED32), 2500 E St.
Region	**DSN**	762-3177	NW	
POC	CAPT Glenna	**Fax Comm**	(202) 762-3133	
	Tinney	**FAX DSN**	(202) 762-3133	20372
UIC		**Email**	gltinney@us.med.navy.mil	Washington DC
Name	Whidbey Island, Washington	**Comm**	(360) 257-6289	Family Service Center Naval Air Station, Whidbey Island, 260
Region	Seattle	**DSN**	820-3756 / 3266	West Pioneer Way
POC	Ms Amy	**Fax Comm**	(360) 257-8061	
	Soyke	**FAX DSN**	820-8061	98278-2500
UIC	00620	**Email**		Oak Harbor WA

SITE INFORMATION		PHONE NUMBERS		ADDRESS
Name	Whiting Field, Florida	**Comm**	(850) 623-7177	Family Service Center, Naval Air Station, Whiting Field, 7511 USS Enterprise St, Bldg 3025
Region	Heartland	**DSN**	868-7177	
POC	Ms Rikki	**Fax Comm**		32570-6013
	Vidak	**FAX DSN**	868-7735	Milton FL
UIC	48640	**Email**	rikki.vidak@smtp.cnet.navy.mil	
Name	Willow Grove, Pennsylvania	**Comm**	(215) 443-6033 / 6061	Family Service Center, Bldg 167, Naval Air Station (JRB)
Region	Northeast	**DSN**	991-6033 / 6061	
POC	Mr. Michael	**Fax Comm**	(215) 443-6047	
	Hanowitz	**FAX DSN**	991-6047	19090-5010
UIC	00158	**Email**	no e-mail address	Willow Grove PA
Name	Yokosuka, Japan	**Comm**	011-81-311-743-6716	Family Service Center, COMFLEACT, Yokosuka, Code
Region	CINCPACFLT	**DSN**	(315) 243-6716	200, Box 116
POC	LT Jane	**Fax Comm**	011-81-311-743-9604	
	Turner	**FAX DSN**	(315) 243-0604	96349-0116
UIC	48649	**Email**		FPO AP
Name	Yorktown	**Comm**	(757) 887-4301	Program Manager, Regional Support Services PM6
Region	Norfolk	**DSN**	953-4301	7918 Blandy Road Suite 100
POC	Ms. Maxine	**Fax Comm**	(757) 887-4309	23551-2419
	Bowser	**FAX DSN**	953-4309	Norfolk VA
UIC	38196	**Email**	mbowser@nasnorfolk.cmar.navy.	Mil

REGIONAL COORDINATORS

Site	**CINCPACFLT**		
First Name	Ms Linda	**Work Phone**	(808) 474-3456
Last Name	Boswell	**DSN**	(315) 474-3456
Address	CINCPACFLT Family Support Program Attn N4675 250 Makalapa Drive Pearl Harbor HI 96860-3131	**Fax Number** **FAX Number DSN** **Email Address**	(808) 471-9652 (315) 471-9652 Boswell@cpf.navy.mil
Sites In Region	Atsugi - Guam - Sasebo - Yokosuka		

Site	CINCUSNAVEUR Region		
First Name	Ms Deborah	**Work Phone**	011-44-171-514-4889
Last Name	Williams	**DSN**	314-235-4889
Address	CINCUSNAVEUR, N18A, PSC 802, Box 4 FPO AE 09499-0521	**Fax Number** **FAX Number DSN** **Email Address**	011-44-171-514-4602 (314) 235-4602 cnen18a@naveur.navy.mil
Sites In Region	Bahrain - JMF St. Mawgan - COMNAVACT.UK (London)		

Site	COMFAIRMED (Italy) Region		
First Name	CDR Larry L.	**Work Phone**	011-39-081-568-3077
Last Name	Zoeller	**DSN**	(314) 626-3077
Address	Regional FAP Coordinator COMFAIRMED PSC817, Box2 FPO AE 09622-2000	**Fax Number** **FAX Number DSN** **Email Address**	011-39-081-568-4702 (314) 626-4702 zoellerl@naples.navy.mil
Sites In Region	Gaeta - La Maddalena - Sigonella - Rota - Naples (These same sites also come under CINCUSNAVEUR)		

Site	Jacksonville Region		
First Name	Ms Marilyn	**Work Phone**	(904) 542-5387
Last Name	Waller	**DSN**	942-5387
Address	COMNAVBASE, Jacksonville Code N81, Box 102, Bldg 850 Jacksonville FL 32212-0102	**Fax Number** **FAX Number DSN** **Email Address**	(904) 542-0422 942-0422 wallerm@jaxm.navy.mil
Sites In Region	Cecil Field - Charleston - Guantanamo Bay - Ingleside - Jacksonville - Kings Bay - Mayport - Pascagoula - Roosevelt Roads - Gulfport		

Site	Naval District Washington Region		
First Name	Ms Libby	**Work Phone**	(202) 433-9059
Last Name	Seguin	**DSN**	288-9059
Address	NDW, ANACOSTIA ANNEX 2791 Brookley Ave SW Suite 101	**Fax Number**	(202) 433-2905
		FAX Number DSN	288-2905
	Washington DC 20373-5801	**Email Address**	elizabeth.seguin@ndw.navy.mil
Sites In Region	Annapolis - Dahlgren - Fort Meade - Patuxent River - Naval Station Washington		

Site	Norfolk Region		
First Name	Ms Wanda	**Work Phone**	(757) 444-2230
Last Name	Barnard-Bailey	**DSN**	564-2230
Address	Program Manager Regional Support Services PM6 7918 Blandy Rd, Suite 100	**Fax Number**	(757) 444-0830
		FAX Number DSN	564-0830
	Norfolk VA 23551-2419	**Email Address**	wbailey@nasnorfolk.cmar.navy.mil
Sites In Region	Chesapeake - Little Creek - Norfolk - Oceana - Portsmouth - Yorktown, - Keflavik, Acting As Regional Coordinator.		

Site	Northeast Region		
First Name	Ms Susann	**Work Phone**	(860) 694-5025
Last Name	Carter	**DSN**	694-5025
Address	Commander North East Region, Code XDF, Box 100, Submarine Base, New London	**Fax Number**	(860) 694-3699
		FAX Number DSN	
	Groton CT 06349	**Email Address**	scarter@cner.navy.mil
Sites In Region	Ballston Spa - Brunswick - Earle - Great Lakes - Keflavik - Lakehurst - New London - Newport - South Weymouth - Willow Grove		

Site	Pearl Harbor Region		
First Name	Ms Kathryn	**Work Phone**	(808) 471-9458
Last Name	Koos-Lee	**DSN**	430-0111 ext 471-9458
Address	COMNAVREG, Pearl Harbor, FAC, Code N11, 521 Russell Ave Suite 60	**Fax Number**	(808) 474-9025
		FAX Number DSN	
	Pearl Harbor HI 96860-4898	**Email Address**	KoosLeka@hawaii.navy.mil
Sites In Region	Barbers Point - Pearl Harbor - Wahiawa (Wahiawa is not given a separate listing as an individual site)		

Site	Pensacola, Florida		
First Name	Ms. Janet	**Work Phone**	(850) 452-4882
Last Name	Raines	**DSN**	922-4882
Address	Chief of Naval Education and Training, NAS, Attn Code 0S417, 250 Dallas Street	**Fax Number**	(850) 452-3085
		FAX Number DSN	922-3085
	Pensacola FL 32508-5220	**Email Address**	janet-e.raines@smtp.cnet.navy.mil
Sites In Region			

Site	San Diego Region		
First Name	CAPT David	**Work Phone**	(619) 556-8809
Last Name	Kennedy	**DSN**	526-8809
Address	Commander, Navy Region SW (N993), 937 North Harbor Dr. San Diego CA	**Fax Number**	(619) 556-9473
		FAX Number DSN	
	92147	**Email Address**	dkenn@cnbsd.navy.mil
Sites In Region	China Lake - Concord - Fallon - Lemoore - Monterey - Point Mugu - Port Hueneme - San Diego		

Site	Seattle Region		
First Name	Mr. Steve	**Work Phone**	(360) 315-5170/5114
Last Name	Zahl	**DSN**	322-5170/5144
Address	Naval Base Seattle (N62) Community Programs 1103 Hunley Road	**Fax Number**	(360) 315-5115
		FAX Number DSN	322-5115
	Silverdale WA 98315-1103	**Email Address**	szahl@cnbs.navy.mil
Sites In Region	Bangor - Bremerton FATC - Everett - Whidby Island		

Site	Washington, DC		
First Name	CAPT Glenna	**Work Phone**	(202) 762-3177
Last Name	Tinney	**DSN**	762-3177
Address	Chief Bureau of Medicine & Surgery (MED32), 2500 E Street NW	**Fax Number**	(202) 762-3133
		FAX Number DSN	(202) 762-3133
	Washington DC 20372	**Email Address**	gltinney@us.med.navy.mil
Sites In Region			

10.1.7 OTHER MILITARY FAPS

Following are phone and fax numbers for the FAP program manager's office of each branch of the military. Information for a specific FAP site can be obtained through these contacts:

• Air Force FAP:	DSN:	240-2031
	Commercial:	(210) 536-2031
	Fax:	(210) 536-9032
• Marine Corps FAP:	DSN:	221-1188 or 221-2066
	Commercial:	(703) 696-1188 or (703) 696-2066
	Fax:	(703) 696-1143
• Army FAP:	DSN:	221-2711
	Commercial:	(210) 471-2711
	Fax:	(703) 325-5924
• Coast Guard FAP	Commercial:	(202) 267-1329

10.2 COMMUNITY RESOURCES

The majority of resources found in the community are specific to a local area. Below is a listing of the type of resources available in most communities and a brief description of their function. An excellent place to start in determining resources is with the local United Way. United Way provides a directory of local services/agencies or will be able to tell you where to obtain the information.

- **Victim Witness Program**: Often administered through the local prosecutor's office, it provides services to victims and witnesses of crime.
- **Victim Compensation Fund**: Most states have funds available to assist victims with the costs of medical treatment, counseling and court costs.
- **Big Brothers/Big Sisters**: This program provides a supportive relationship for a child by matching him/her with an adult volunteer. Similar supportive and mentoring programs are also available through social service agencies.
- **Shelters:** Provide emergency shelter to victims. Most have 24-hour hotlines.
- **Domestic Violence Units**: Most police departments have specific officers or units trained to work in domestic violence situations.

- **Battered Women Support Groups**: Available through a variety of organizations including the YWCA, counseling agencies, etc.

Phone numbers for selected national organizations are:

- **National Domestic Violence Hotline:** 1-800-799-SAFE
- **Hotline to Report Child Abuse:** 1-800-4ACHILD
- **National Resource Center on Domestic Violence:** 1-800-537-2238
- **National Clearinghouse on Child Abuse and Neglect Information:** 1-800-394-3366

10.3 WEB SITES

The resources available on the Internet are extensive. Listed below are Navy Internet resources, general mental health Internet resources and those specifically related to family violence.

Navy Internet Resources:
Navy Personnel Command http://www.bupers.navy.mil/
(This site contains NPC Instructions, OPNAVINST, SECNAVINST, and hotlinks to other sites)
Navy Online Home Page http://www.navy.mil
Navy Privacy Act Online http://www.ogc.secnav.hq.navy.mil/privacy/notice.index.html

General Mental Health Internet Resources:
American Psychiatric Association http://www.psych.org/
American Psychological Association http://www.apa.org/
Center for Mental Health Services http://samhsa.gov/cmhs.htm
Human Services Research Institute (gopher) gopher://ftp.std.com/11/nonprofits/hsri
National Institute of Mental Health http://www.nmha.org/
Agency for Health Care Policy and Research http://www.ahcpr.gov/
The Clearing House http://www.mhselfhelp.org/
Federation of Families for Children's Mental Health http://www.ffcmh.org/
Internet Mental Health http://www.mentalhealth.com/
Mental Health Resources Around the World http://wpic.library.pit.edu/
Department of Health and Human Services http://www.os.dhhs.gov/

The Federal Web Locator http://www.law.vill.edu/fed-agency/fedwebloc.html

Family Violence Internet Resources:

Army Family Advocacy Home Page http://chld.cornell.edu/army/fap.html

MINCAVA: Minnesota Center against Violence and Abuse www.mincava.umn.edu

Safety Net Domestic Violence Resources http://home.cybergrrl.com/dv

National Committee to Prevent Child Abuse: http://www.childabuse.org

National Clearinghouse on Child Abuse and Neglect Information http://www.calib.com/nccanch

National Domestic Violence Hotline http://www.ndvh.org

Kempe National Center on the Prevention & Treatment of Child Abuse and Neglect http://kempecenter.org

Office on Child Abuse and Neglect (OCAN) http://www.acf.dhhs.gvo/programs/cb/

American Bar Association Center on Children and the Law http://www.abanet.org/child

Appendix A

1.1.1 FAMILY ADVOCACY PROGRAM ELEMENTS & SUPPORTING DOCUMENTATION

Family Advocacy Program	**-DoD Directive 6400.1** of 23 June 1992 "Family Advocacy Program" **-DoD Manual 6400.1-M** of 20 August 1992 "Family Advocacy Program Standards and Self-Assessment Tool" **-SECNAVINST 1752.3A** of 11 September 1995 "Family Advocacy Program" **-OPNAV Instruction 1752.2A** of 17 July 1996 "Family Advocacy Program" **-NAVADMIN 193/96** "Family Advocacy Program, R022148ZAUG96" **replaces** NAVADMIN 022/94, "Restrictions on Family Advocacy Program Involved Members, 050005ZFEB94"
Victim Services	**-Public Law 103-337**, "FY-95 Defense Authorization Act" -Requirement for New Parent Support Teams, Victim Services, and support services for Youth-at-Risk. -Personal services contracting for counselors for Family Services Centers and the Family Advocacy Program **-SECNAVINST 1752.3A** of 11 September 1995 "Family Advocacy Program" **-OPNAV Instruction 1752.2A** of 17 July 1996 "Family Advocacy Program"
New Parent Support	**-The July 1990 Government Accounting Office (GAO)** Report on Home Visiting Services concluded that "Home Visiting is a promising strategy for delivering or improving access to early interventions." **-Public Law 103-337**, "FY-95 Defense Authorization Act" -Requirement for New Parent Support Teams, Victim Services, and support services for Youth-at-Risk. **-DoD Manual 6400.1-M** of 20 August 1992 "Family Advocacy Program Standards and Self-Assessment Tool"

Spouse Abuse Reporting, Prevention/ Intervention Services	**-Public Law 103-160**, "FY-94 Defense Authorization Act" -Transitional benefits for abused dependents -Mandatory police reporting of spouse abuse if weapon used or evidence of physical injury **-DoD Directive 6400.1** of 23 June 1992 "Family Advocacy Program" **-DoD Manual 6400.1-M** of 20 August 1992 "Family Advocacy Program Standards and Self-Assessment Tool" **-OPNAV Instruction 1752.2A** of 17 July 1996 "Family Advocacy Program"
Child Abuse Reporting, Prevention/ Intervention Services	**-Public Law 101-647,** "Crime Control Act of 1990," November 29, 1990 -Child abuse reporting requirements -Background checks **-Public Law 102-295,** "Child Abuse, Domestic Violence, Adoption, and Family Services Act of 1992," May 28, 1992 **-Public Law 103-209,** "National Child Protection Act of 1993," December 20, 1993 **-DoD Directive 6400.1** of 23 June 1992 "Family Advocacy Program" **-DoD Manual 6400.1-M** of 20 August 1992 "Family Advocacy Program Standards and Self-Assessment Tool" **-SECNAVINST 1752.3A** of 11 September 1995 "Family Advocacy Program" **-OPNAV Instruction 1752.2A** of 17 July 1996 "Family Advocacy Program"
Child Sex Abuse Reporting, Prevention/ Intervention Services	**-DoD Directive 6400.1** of 23 June 1992 "Family Advocacy Program" **-DoD Manual 6400.1-M** of 20 August 1992 "Family Advocacy Program Standards and Self-Assessment Tool" **-SECNAVINST 1752.3A** of 11 September 1995 "Family Advocacy Program" **-OPNAV Instruction 1752.2A** of 17 July 1996 "Family Advocacy Program"

FAP Central Registry Management	**-DoD Instruction 6400.2** of 10 July 1987 "Child and Spouse Abuse Report" **-SECNAVINST 1752.3A** of 11 September 1995 "Family Advocacy Program" **-OPNAV Instruction 1752.2A** of 17 July 1996 "Family Advocacy Program" **-BUPERS Ltr, 1754, Ser 66/205** of 29 July 1997, Subj: FAP Central Registry of Child/Spouse Abuse Incidents
Records Management	**-OPNAV Instruction 1752.2A, Enclosure (10)** of 17 July 1996 "Family Advocacy Program" **-System Notice NO1752-1**, Federal Register / Vol., No. 22840 64 / April 28, 1999 **-Joint Letter BUMED, 1752, Ser 34 / 0318 / BUPERS, 1752, Ser 661 / 01519** of 6 January 1997, Subj: Family Advocacy Program (FAP) Records
Research and Evaluation	**-DoD Directive 6400.1** of 23 June 1992 "Family Advocacy Program"
Navy Risk Assessment	**-DoD Manual 6400.1-M** of 20 August 1992 "Family Advocacy Program Standards and Self-Assessment Tool" **-SECNAVINST 1752.3A** of 11 September 1995 "Family Advocacy Program" **-OPNAV Instruction 1752.2A** of 17 July 1996 "Family Advocacy Program" **-BUPERS Ltr, 1752, Ser 661 / 00718** of 5 August 1997, Subj: Guidance for Family in Need of Service (FINS) Cases

Credentialing and Privileging	**-DoD Manual 6400.1-M** of 20 August 1992 "Family Advocacy Program Standards and Self-Assessment Tool" **-DoD Dir 6025.11**, of 20 May 1988 :DoD Health Care Provider Credentials Review and Clinical Privileging" **-DoD Dir 6025.6** of 18 July 1985 "Licensure of DoD Health Care Providers" **-SECNAVINST 1752.3A** of 11 September 1995 "Family Advocacy Program" **-SECNAV Instruction 6320.23** of 7 February 1990 "Credentials Review and Clinical Privileging of Health Care Providers" **-OPNAV Instruction 1752.2A,** of 17 July 1996 "Family Advocacy Program" **-BUMED Instruction 6320.66A** of 9 September 1991 "Credentials Review and Privileging Program" **-NAVMILPERSCOM ltr. 1754 Ser N6613** / **A0571** dtd 23MAY88, "Policy Statement on Credentialing of Family Service Center Counselors" **-SECNAV Instruction 1754.7** of 1 February 1999 "Credentials Review and Privileging of Clinical Practioners / Providers in Department of the Navy (DoN) Family Service Centers
Transitional Compensation	**-Title 10 U.S.C.**, Section 1408(h) (Retirement) **-DODINST 1342.24** of 23 May 1995 "Transitional Compensation for Abused Dependents **-SECNAVINST 1752.3A** of 11 September 1995 "Family Advocacy Program"
Regional Child Sexual Abuse Response Teams	**-OPNAV Instruction 1752.2A,** of 17 July 1996 "Family Advocacy Program"
Review Process for CRC Decisions	**-SECNAVINST 1752.3A** of 11 September 1995 "Family Advocacy Program" **-OPNAV Instruction 1752.2A,** of 17 July 1996 "Family Advocacy Program"

Training and Education	**-SECNAVINST 1752.3A** of 11 September 1995 "Family Advocacy Program" **-OPNAV Instruction 1752.2A,** of 17 July 1996 "Family Advocacy Program"
Sexual Assault Victim Intervention Program	**-1990 Navy Women's Study Group (NWSG)** issued "An Update Report on the Progress of Women in the Navy," recommending revision of OPNAVINST 1752.1 to address: -Establishment of a sexual assault/rape victim assistance program. -Navy-wide training in awareness and prevention. -Development of a database to track sexual assault/rape trends. **-1992 Standing Committee on Military and Civilian Women** in the DoN updated and strengthened NWSG recommendations. **-1992 SECNAV** directed that a Tiger Team be established to develop a database for tracking sexual assault/rape cases and trends. **-Public Law 103-337**, "FY 95 Defense Authorization Act" -Victim advocates for victims of crime **-SECNAVINST 1752.4** of 2 July 1996 "Sexual Assault Prevention and Response"

Appendix B

3.1 DEFINITIONS

Source: OPNAVINST 1752.2A of 17 July 1996, Enclosure (1)

The following definitions are intended solely for the administration of the Family Advocacy Program.

CASE: A case refers to a single victim who may be involved in one or multiple abuse incidents. Individual cases of members of the same family shall be linked in some manner for cross—referencing purposes.

CASE MANAGER: A person who assesses the needs of the client and the client's family and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific-needs of the client. In the Family Advocacy Program (FAP), this includes being the point of contact for the sponsor's command, providing ongoing assessment, identifying and assisting clients in meeting concrete needs (i.e., applying for food stamps), monitoring treatment compliance and progress, presenting cases to the Case Review Committee (CRC), and maintaining case documentation.

CASE REVIEW COMMITTEE (CRC): The multi-disciplinary team responsible for reviewing and approving case assessments, determining the status of a case, and monitoring case progress.

CASE STATUS: The status of the case at the time of the report . Possible determinations include substantiated, unsubstantiated, and suspected as follows:

Substantiated: A case that has been investigated and the preponderance of available information indicate abuse has occurred. The information that supports the occurrence of abuse is of greater weight, or more convincing than the information that indicates that the abuse and/or neglect did not occur.

Unsubstantiated: A case that has been investigated and the available information is insufficient to support the allegation of child abuse and/or neglect or spouse abuse.

Unsubstantiated, Did Not Occur: A case is ruled unsubstantiated, did not occur, that has been investigated and the allegation of abuse and/or neglect is unsupported. The family needs no family advocacy services.

Unsubstantiated, Unresolved: A case which is ruled unsubstantiated, unresolved, has been investigated and the available information is insufficient to support or unsupport the allegation of abuse and/or neglect.

Suspected: A case determination is pending further investigation. Duration for a case to be "suspected" and under investigation should not exceed 60 days from the first report of abuse or neglect.

CENTRAL REGISTRY: A central management information system maintained by the Navy for identifying and recording information on child and spouse abuse incidents. The Central Registry receives all DD 2486s which are retained for 3 years after data entry. The Central Registry is an aid for screening applicants for family daycare providers and childcare providers.

CHILD: The term "child" shall include the natural (birth) child, adopted (legally finalized) child, stepchild, foster child, or ward who is a dependent of a military member and is under the age of 18. The terms shall include an individual of any age who is incapable of self-support because of mental or physical incapacity and for whom treatment in a military medical treatment facility (MTF) has been authorized.

CHILD ABUSE/NEGLECT: The physical injury, sexual abuse, emotional abuse, deprivation of necessities, or other' abuse of a child by a parent, guardian, employee of a residential facility, or any person providing out-of-home care, who is responsible for the child's welfare, under circumstances that indicate the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of such a responsible person. This term includes offenders whose relationship is outside the family and includes, but is not limited to, individuals known to the child and living or visiting in the same residence who are unrelated to the victim by blood or marriage, and individuals unknown to the victim. Specific types of abuse/neglect are:

Physical abuse: A type of abuse to include, but not limited to, acts resulting in: death, brain damage or skull fracture; subdural hemorrhage or hematoma; bone fracture; dislocation or sprain; internal injury; poisoning; burn or scald; severe cut or laceration; other physical-injury that seriously impairs the health or physical well being of the child victim; or other minor injury which includes minor bruises, or welts, or cuts , or twisting or shaking which do not constitute a substantial risk to the life or well being of the victim.

Sexual abuse: Actions including, but not limited to, the employment, use, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person to engage in, any sexually explicit conduct (or any simulation of such conduct) . This includes but is not limited to rape, molestation; prostitution, or other sexual activity between the offender or a third party and a child, when the offender is in a position of power over the child. Sexual abuse also includes exploitation to include forcing or allowing a child to look at the offender's genitals, forcing or allowing a child to observe an offender's or another's masturbatory activities, exposing of a child's genitals for sexual. gratification of the offender(s), talking to a child in a sexually explicit manner, surreptitious viewing of a child while undressed for the offender's sexual gratification, or involving a child in sexual activity such as pornography or prostitution in which the offender does not have direct physical contact with the child.

Emotional abuse: Actions including, but not limited to, active, intentional berating, disparaging, or other behavior towards the victim that adversely affects the psychological well being of the victim.

Neglect: Actions or omissions by a parent, guardian, or caretaker, which includes, but is not limited to, deliberate or negligent withholding or deprivation of necessities (nourishment, shelter, clothing, and health care) , lack of adequate L supervision, emotional or educational neglect, and abandonment. For more specific definitions see enclosure (2) of DOD Directive 6400.2 of 10 July 1987 (NOTAL)

CLINICAL PRIVILEGING: The process whereby a health care practitioner is granted the permission and responsibility to independently provide specific medical or dental care within the scope of his or her license, certification, or registration. Clinical privileges define the scope and limits of practice for individual practitioner as indicated in SECNAVINST 1754.7.

EXTRA-FAMILIAL CHILD ABUSE: Includes child abuse by strangers, persons in loco parentis, and child-to-child abuse.

FAMILY ADVOCACY COMMITTEE (FAC): The policy-making, coordinating, recommending, and overseeing body for the installation FAP. Generally includes representatives from victim/witness services, family support programs, medical, law enforcement, legal, chaplains, youth and child services, shelters, installation and tenant commands.

FAMILY ADVOCACY OFFICER (FAO): The FAO is a designated official who is responsible for administrative management and implementation of the installation FAP. The installation FAO shall facilitate the development, oversight, coordination, administration, and evaluation of the FAP in accordance with installation and service directives. The FAO shall be responsible for maintaining clear lines of authority and accountability in the FAP to ensure coordination of the FAP functions and the integration of services, including drafting installation instructions, coordinating Memoranda Of Understanding (MOUS) with civilian agencies, and ensuring there are written case protocols. A FAO does not decide clinical issues but might, for example, ensure that CRC's meet regularly. He or she does not become involved in case intervention plans. The FAO is typically the NFSC Director.

FAMILY ADVOCACY PROGRAM (FAP): A program designed to address prevention, identification, evaluation, rehabilitation, education, and counseling, rehabilitation, followup, and reporting of family violence. FAPs consist of coordinated efforts designed to prevent and intervene in cases of familydistress, and to promote healthy family life.

FAMILY ADVOCACY PROGRAM REGIONAL COORDINATOR: The FAP Regional Coordinator provides technical and clinical oversight to FAP programs including Medical Treatment Facilities (MTFs) and Navy Family Service Centers (FSCs). Responsibilities include:

- Providing consultation and assistance to local FAOs and FARs
- Monitoring expenditure of FAP funds for the region
- Ensuring effective coordination, cooperation, and collaboration between and among agencies and commands.

FAMILY ADVOCACY REPRESENTATIVE (FAR): A person, usually a credentialed social worker or other clinical counselor, eligible for independent provider status, who is responsible for implementing and managing the intervention/rehabilitation aspects of the installation FAP.

FLAG: The term "flag" refers to the indicator placed on a member's file to let detailing personnel know they will have to get clearance before they can write permanent change of station orders on an individual. The flagging process is intended to prevent further stress on the service member and family members and to prevent re-abuse, and to ensure assignment to a geographic location having adequate services available. Flagging is also used to ensure the availability of the service member or family members for case disposition and rehabilitation, education, and counseling.

***BUMED* Assignment Control Flag:** Placed by recommendation of the CRC on spouse abuse and child physical abuse and neglect cases. This is a temporary flag, which is normally removed within a year from the date the flag was set by the CRC.

***NPC* Assignment Control Flag:** A flag which is put in the personnel data system by the Military Personnel Performance and Security Division (Pers-8) for all suspected child sexual abuse cases. This flag may restrict transfers, reenlistments, advancements and/or promotions until case resolution. A member is notified of these restrictions by BUPERS . via his/her commanding officer after the case has been reported. The flag is lifted by BUPERS at case resolution and there are no further restrictions.

INCEST: Sexually explicit activity between a parent/step-parent and a child, a sibling, or another relative too closely related to be permitted by applicable law to marry.

INCIDENT: An occurrence may include one or more types of abuse. Involves one victim and one occurrence. A DD 2486 must be completed on each incident.

JUVENILE SEX OFFENDER: Any person under 18 years of age who has sexually abused or molested another juvenile. Sexual abuse differs from what would be considered age appropriate peer play between children, in that there is an inequality between participants including: presence

of exploitation, coercion and control, manipulation, abuse of power or position of authority, and the sexual behavior itself. Sexually oriented behaviors which do not involve physical contact (such as peeping, exhibiting, obscene phone calls, etc.) may be considered as some evidence of a tendency toward sexually abusive behavior.

LAWYER-CLIENT PRIVILEGE: A client has refuse to disclose and to prevent any other disclosing confidential communications made the privilege to person from for the purpose of facilitating the rendition of professional legal services to the client, (a) between the client or the client's representative and the lawyer or the lawyer's representative, (b) between the lawyer and the lawyer's representative, (c) by the client or the client's lawyer to a lawyer representing another in a matter of common interest, (d) between representatives of the client or between the client and a representative of the client, or (e) between lawyers representing the client.

MAJOR CRIMINAL OFFENSE: An offense punishable under the Uniform Code of Military Justice (UCMJ) by confinement of a term of more than 1 year, or similarly framed federal statutes, state, local or foreign laws or regulations.

MAJOR PHYSICAL INJURY: This includes brain damage, skull fracture, subdural hemorrhage or hematoma, bone fracture, dislocations, sprain, internal injury, poisoning, burn, scald, severe cut, laceration, bruise, welt, or any combination thereof, which constitutes a substantial risk to the life or well-being of the victim.

OFFENDER: See also Primary Aggressor. Any person who allegedly caused the abuse of a child or spouse, or whose act, or failure to act, substantially impaired the health or well being of the abuse victim.

PRIMARY AGGRESSOR: The person who maintains power and control in an abusive incident regardless of which party started the physical or verbal action, the party who continued the dispute, or the party who "provoked" the event. This eliminates the terms "co-battering", "mutual battering", or "mutual spouse abuse".

REGIONAL CHILD SEXUAL ABUSE RESPONSE TEAM: Multi-disciplinary team from a designated installation or area, which has received specialized training concerning the intervention process for complex and/or multiple victim cases of child sexual abuse. Teams normally consist of a judge advocate, Naval Criminal Investigative Service (NCIS) special agent, FAR, pediatrician and social service professional from the Navy Family Service Center (NFSC). These teams are available for consultation in their regional areas.

REHABILITATION/COUNSELING FAILURE: An offender is deemed to be a rehabilitation/ counseling failure when he or she has been found guilty at a criminal trial, or found to have committed the offenses at nonjudicial punishment, or have admitted to the offense, or the allegations are substantiated against him or her and thereafter:

- does not cease his or her abusive behavior before, during, or after participation in counseling services; or
- refuses to cooperate or complete counseling programs; or
- fails to meet the conditions of court orders or probation; or
- fails to make adequate progress in rehabilitation, education, and counseling as determined by an expert in the rehabilitation, education, and counseling of child or spouse abuse offenders.

SPOUSE: A partner in a lawful marriage where one or both of the partners are employed by, or are military members in the Department of the Navy (DoN) and are eligible for medical treatment from the DoN. A married person under 18 years of age shall be included in this category.

SPOUSE ABUSE: Spouse abuse includes, but is not limited to, assault, battery, threat to injure or kill, or any another act of force, violence, or emotional abuse, or undue physical or - psychological "trauma, or fear of physical injury. This includes physical injury, sexual assault, and intentional destruction of property, psychological abuse and stalking.

STALKING: Actions of a person, performed in a repeatedly harassing manner, including but not limited to following another person in a manner to induce, in a reasonable person, fear of sexual battery, bodily injury, or death ,of that person or that person's immediate family.

VICTIM: An individual who is the subject of abuse, or whose welfare is harmed or threatened by acts of omission or commission by another individual or individuals.

VICTIM SERVICES SPECIALIST (VSS): A supportive resource and advocate for the expressed interests of the victim. This person need not be a legal or mental health professional but must be able to assist the victim in contacting, accessing or using established military and civilian victim assistance services to support the victim's needs and to keep the victim informed of official DON action. The VSS serves as a consulting member of the CRC to represent the victim's needs and interests.

Appendix C

6.6 CRC DECISION MATRIX GUIDELINES

GUIDELINES FOR USING THE NAVY SPOUSE ABUSE CRC DECISION MATRIX

The purpose of the attached matrix of guidelines for spouse abuse case disposition is to:

- provide Case Review Committees (CRC) with a framework for recommending case disposition and interventions to commands in spouse abuse cases.
- provide commands with understandable and outlined rationale for CRC recommendations and provide them with an instrument in formulating a course of action that best meets the Navy objectives of protecting victims, rehabilitating offenders when possible, and living up to core values.
- increase the objectivity, consistency, and openness of the CRC procedure and case dispositions.

The matrix outlines five degrees of domestic violence based on the severity of physical abuse factors, the severity of non-physical abuse factors, and risk factors. It reviews the suggested intent of interventions at each degree of abuse, and recommends parameters for corresponding clinical treatment and administrative sanctions. This instrument is not intended to limit or replace the discretion and authority of commands in responding to spouse abuse cases. The matrix does not eliminate the need for the CRC and commands to make decisions, it is merely an instrument to aid the decision-making process.

The matrix is intended to be used in conjunction with, not in place of, the Risk Assessment Model (RAM). The RAM is a clinical instrument designed to guide a thorough assessment and determine the risk for potential harm in spouse and child abuse cases. This matrix establishes guidelines for CRC decision-making based on information garnered from the incident assessment and risk assessment process.

Clearly, there are limitations to this matrix. The private nature of spouse abuse means there is a high probability that the full extent of the abuse will not be known, or the situation's severity may be under reported. The matrix does not have any means of resolving conflictual information either. In deciding cases with incomplete or conflictual information, the CRC will have to balance the goal of protecting victims and the ethical responsibility to make objective decisions.

MATRIX OF GUIDELINES FOR DEGREES OF SPOUSE ABUSE AND RELATED CLINICAL & ADMINISTRATIVE INTERVENTIONS

Degree of Abuse	Intent of Intervention & Sanctions	Clinical Intervention	Administrative Sanctions or Command Intervention Options
1st Degree Physical abuse: No pattern of physical force, coercion or intimidation by the offender; single incident that is situation- specific with no physical injury to the victim. Situations may involve limited physical restraint. Little or no pain resulting from physical contact. Non-physical abuse: No pattern of control by offender through emotional abuse, isolation tactics, economic deprivation, or restrictions of victim's autonomy. Offender is not minimizing or denying actions. **RISK:** Family functioning is, for the most part, stable. Functioning may fall short of average expectations sometimes, but the family demonstrates some strengths. It is likely that most risk factors are rated "no risk" or "low risk." Few of these cases are appropriate for significant intervention.	This degree acknowledges there are (1) rare cases of low level abuse where the offender acted in a way uncharacteristic of his/her general behavior, and where both partners have autonomy and freedom from coercion and threats; (2) cases where the offender in a specific incident is or has been the ongoing victim of abuse in the relationship and in the instance used violence that went beyond self-defense. Prospects for rehabilitation are good, particularly if the offender acknowledges his/her inappropriate actions. FAP intervention is intended to deal with the specific incident and determine the need for other treatment interventions for the offender and family members. A counseling session with the service members supervisor is intended to be supportive and bring attention to the commands position on domestic violence.	May include one or more of the following Level 1 treatment options: Two or more individual counseling sessions with the FAR, FAS, or FAP case manager. Counseling or psycho-educational sessions selected to alleviate conflict, e.g., financial planning, crisis intervention, alcohol education, psychological counseling, anger management, stress management, couples counseling.	Counseling session with immediate supervisor. Notification of next level of command about the incident by immediate supervisor. Non-career-threatening coercive measures.

** This matrix is designed to be a guide for the Case Review Committee in determining the severity of domestic violence incidents and appropriate recommendations to commands on clinical and administrative interventions. Commands retain the ultimate responsibility and prerogative in all FAP cases.*

MATRIX OF GUIDELINES FOR DEGREES OF SPOUSE ABUSE AND RELATED CLINICAL & ADMINISTRATIVE INTERVENTIONS

Degree of Abuse	Intent of Intervention & Sanctions	Clinical Intervention	Administrative Sanctions or Command Intervention Options
2nd Degree This degree is identified by a pattern of low-level abuse by the offender (1) has not been offered attendance at a rehabilitation program, (2) does not have a history of more extreme abuse in this or previous relationships, and (3) is amenable to treatment. Physical abuse: Includes grabbing, shoving, restraining, pulling hair (but hair is not removed), and open hand slapping. On or more incidents involving minor injury (e.g., soreness, swelling, minor bruising, scratches). Non-physical abuse: Instilling fear through a pattern of verbal intimidation or vague threats. A pattern of mild isolation and/or economic restrictions. A pattern of emotional and psychological insults. **RISK**: Most risk factors are rated moderately low or lower. Some probability of recurrence exists, but resulting harm of any severity is considered unlikely. Some FAP intervention is appropriate for these cases.	At this degree the violence could escalate if the offender does not make a sincere effort in a rehabilitation program. Sanctions should be non-career- threatening for service members who fully participate in treatment. Intervention is geared toward correcting the offenders developing pattern of abuse.	May include one or more of the following Level 1 treatment options: Six or more individual tailored counseling sessions with the FAR, FAS, or FAP case manager. 6 to 12 week group treatment for offenders. Treatment options listed for 1st degree incidents. Optional support services, group or individual, for the victim. A 90 day follow-up with victim after all treatment to determine if any other abusive incidents have occurred. * This degree of abuse necessitates an initial treatment that deals specifically and primarily with domestic violence. ***Couples counseling is not longer a viable initial treatment***, but may be provided once issues of abuse have been resolved, the couple is stabilized, and both parties are amenable to it.	Immediate supervisor monitors service members progress monthly. Counseling session with Division Officer or Department Head. NJP may be appropriate if the service member does not successfully meet treatment requirements.

MATRIX OF GUIDELINES FOR DEGREES OF SPOUSE ABUSE AND RELATED CLINICAL & ADMINISTRATIVE INTERVENTIONS

Degree of Abuse	Intent of Intervention & Sanctions	Clinical Intervention	Administrative Sanctions or Command Intervention Options
3rd Degree This degree is identified by a pattern of moderate-level abuse by the offender. Offender may previously have (1) a prior substantiated domestic violence case (by military or civilian authorities,) and (2) prior participation or opportunity for participation in a rehabilitation program. Physical abuse: Repeated use of physically coercive and intimidating behavior, which includes but is not limited to pushing, shoving, hair pulling (hair is removed), grabbing, slapping, kicking, and hitting with fist. One or more incident resulting in physical injury to the victim. Pressure to engage in unwanted sexual activity. Any abuse of a pregnant spouse. Non-physical abuse: Placing the victim in fear for his/her physical safety. Pattern of isolating, emotionally abusing, and/or economically controlling the victim. Threats, forced degrading behavior, reprisals for reporting abuse. **RISK**: Significant risk of future abuse exists and a range of resulting harm is present. Most factors rated moderate or lower. Family functioning may be inadequate on an intermittent, rather than chronic, basis.	At this degree of abuse, the offender has crossed a threshold and a combination of sanctions that constitute punishment and rehabilitation is an advisable response. Two critical tasks at this degree are to assess the potential danger to the victim and to determine the service members suitability for continued service in order to decide if rehabilitation is warranted. A case of this magnitude may be a red flag that the offender is a danger to the family. A close examination of all supporting security, NCIS, MTF, FAP, and other documents is appropriate. At this level there will typically be an entry into the service members record. There is a tacit assumption that an offender at this level who continues to use abusive behavior will warrant further administrative action or even separation if not receptive to rehabilitation.	May include one or more of the following Level II treatment options: Domestic violence offenders group that emphasizes offender accountability, like the Duluth model. Specialized individual or group treatment focusing on domestic violence, the use of power and control in a relationship, and other issues relevant to that clients needs. Voluntary support services, group or individual, for the victim. 30 day follow-ups with victim for 3 months after all treatment to determine if any other abusive incidents have occurred. * Treatment options for the 1st and 2nd degrees may be suggested and provided as appropriate. However, ***participation should occur only after issues of abuse have been addressed and stabilized***.	An MPO to prohibit further contact with the victim. Immediate supervisor monitors service members progress monthly through the completion of FAP involvement and notifies the next level of command. A wide latitude of NJP can accommodate varying degrees of assessed abuse. An adverse fitness report/performance evaluation. A court martial is at the discretion of the command.

CRC determinations are driven by the physical abuse criteria. The non-physical abuse criteria should support and help delineate the degree of abuse in a case.

MATRIX OF GUIDELINES FOR DEGREES OF SPOUSE ABUSE AND RELATED CLINICAL & ADMINISTRATIVE INTERVENTIONS

Degree of Abuse	Intent of Intervention & Sanctions	Clinical Intervention	Administrative Sanctions or Command Intervention Options
4th Degree This degree is identified by a pattern of high level abuse by the offender, involving one or more incidents that caused serious injury to the victim or put the victim at risk of serious injury. The offenders amenability to treatment does not reduce the need for increased sanctions at this level. Physical abuse: A serious assault by the offender. May include a serious injury such as a broken bone, welts, severe lacerations, bruising, trauma, head injury, and internal injury. Use of a dangerous weapon in the incident. Assault of sexual areas. Choking, Harm to a pregnant spouse and/or fetus. Non-physical abuse: High degree of isolation, emotional abuse, restricted actions, and/or economic control. May withhold basic necessities. **RISK:** Substantial risk of future abuse and resulting harm to family exists. Several factors are rated as "moderate" or "moderately high." It is expected that these cases will remain open and flagged until clear behavioral improvement can be chronicled. Significant clinical and/or administrative intervention is necessary to decrease risk of harm to family.	Risk of attacks involving serious harm to the victim increases dramatically at this degree of abuse. Sanctions are needed to deter further abuse and also reflect the Navy's intent to protect the spouse and other family members. Suitability for continued service is a serious question.	Includes the highest Level II treatment interventions offered by Navy FAP. Domestic violence offenders' group. Specialized individual treatment focusing on domestic violence, the use of power and control in a relationship, and other issues relevant to that client's needs. Voluntary support services, group or individual, for the victim. Progress sessions with the FAP case manager monthly through the end of all treatment. 30 day follow-ups with victim for 3 months after all treatment to determine if any other abusive incidents have occurred. * Rehabilitation at this degree should be more intensive and over a longer period of time. ***Best practice indicates that the length of intervention should correlate to the severity of abuse***.	Issuance of an MPO is particularly important at this degree of abuse, because the potential risk to family members is significantly higher. Immediate supervisor monitors service member's progress every 15 days through completion of FAP involvement and notifies the next level of command. Formal letter of reprimand. NJP/court martial. Civilian/military prosecution. Administrative separation.

MATRIX OF GUIDELINES FOR DEGREES OF SPOUSE ABUSE AND RELATED CLINICAL & ADMINISTRATIVE INTERVENTIONS

Degree of Abuse	Intent of Intervention & Sanctions	Clinical Intervention	Administrative Sanctions or Command Intervention Options
5th Degree This degree is identified by a pattern of criminal level abuse by the offender. Often, the offender will target a variety of victims. Physical abuse: Attempts to inflict serious injury by severe attack upon family members. High level of intimidation and/or physical violence. Use of dangerous weapons. Killing or maiming of victim, pets, loved ones. Rape. Stalking. Non-physical abuse: Extreme controlling and manipulative behavior. Extreme jealous and obsessive behavior. Severe psychological abuse. **RISK:** These cases pose the most danger and have the greatest likelihood of future abuse with very high lethality. Most factors are rated “high? and “moderately high.” Obvious risks of a chronic nature exist. These cases will be flagged and strongly recommended for administrative action. Significant, long tern intervention is needed to decrease risk.	Due to the very high risk of harm to all involved in this degree of case, safety considerations are paramount. Command actions should look to punish and most likely separate service member, while simultaneously protecting victim and family.	None available from Navy FAP. Offender may be untreatable by clinical measures. Rehabilitation is unlikely in this degree of cases. Offender most likely to respond to punitive actions.	Issuance of an MPO. Pre-trial detention. Prosecution under civilian and/or military court system.

* *It is appropriate for the CRC to consider treatment recommendations for children who witness violence, regardless of the degree of abuse.*

GUIDELINES FOR USING THE NAVY CHILD ABUSE CRC DECISION MATRIX

The purpose of the attached matrix of guidelines for child abuse case disposition is to:

- provide Case Review Committees (CRC) with a framework for recommending case disposition and interventions to commands in child abuse cases
- provide commands with an understandable and outlined rationale for CRC recommendations and provide them with an instrument in formulating a course of action that best meets the Navy objectives of protecting victims, rehabilitating offenders when possible, and living up to core values
- increase the objectivity, consistency and openness of CRC decisions and case dispositions.

The matrix outlines five degrees of child abuse for each type of child maltreatment based on the severity of harm to the victim, the chronicity of the abusive behavior and other risk factors. It reviews the suggested intent of intervention at each degree of abuse, and recommends parameters for corresponding clinical treatment and administrative sanctions. The instrument is not intended to limit or replace the discretion and authority of commands in responding to child abuse cases. The matrix does not eliminate the need for the CRC and commands to make decisions, it is merely an instrument to aid the decision-making process.

The matrix is intended to be used in conjunction with, **not in place of**, the Risk Assessment Model (RAM). The RAM is a clinical instrument designed to guide a thorough assessment and determine the risk for potential harm in spouse and child abuse cases. This matrix establishes guidelines for CRC decision-making based on information garnered from the incident assessment and risk assessment process.

Clearly there are limitations to this matrix. Some types of child maltreatment are not readily differentiated into degrees of abuse and there is some likelihood that more than one type of maltreatment is represented in a particular situation. There is also some probability that the full extent of abuse will not be known or the situation's severity may be under-reported. The matrix has no means of resolving conflicting information. In deciding cases with conflicting or incomplete information, the CRC will have to balance the goal of protecting victims with the ethical responsibility to make informed, objective decisions.

MATRIX OF GUIDELINES FOR DEGREES OF CHILD ABUSE AND RELATED CLINICAL & ADMINISTRATIVE INTERVENTIONS

Degree of Abuse	Intent of Rehabilitation & Sanctions	Clinical Rehabilitation	Administrative Sanctions or Command Intervention Options
1st Degree Physical Abuse: No pattern of abuse by the offender. Isolated incident, probably inappropriate disciplinary practices, with no/minor physical injury to the victim, not requiring medical attention and/or causing little pain. Emotional Abuse: No pattern of berating or derogatory behavior toward the child. The parent may occasionally withhold/reject affection, resulting in minor emotional harm to the child. Sexual Abuse: Not applicable. Neglect: An age-inappropriate lapse in supervision or safety measures, resulting in very minor actual/potential harm. Failure to meet a few of child's minimum needs, resulting in very minor physical or emotional harm. Offender may be willing to take some responsibility for problems/actions. Non-offending caretaker probably acknowledges abuse/neglect and is at least minimally protective and generally available. **RISK:** Family functioning, is for the most part, stable. Functioning may fall short of average expectations sometimes, but the family demonstrates some strengths. Most risk factors are probably rated "no risk" or "low risk." Few of these cases are appropriate for significant intervention. Most of these families may be appropriately designated FINS.	This degree acknowledges there are some cases of low level abuse where (1) the offender acted in a way uncharacteristic of his/her general behavior, in response to extraordinary circumstances, or where (2) customary disciplinary practices got out of hand and rose to the level of abuse. Prospects for rehabilitation are good, particularly if the offender acknowledges his/her inappropriate actions. FAP intervention is intended to deal with the specific incident, remediate minor lapses in parenting information/skills, and determine the need for other treatment interventions for the offender and family members. A counseling session with the service member's supervisor is intended to be supportive and bring attention to the command's position on child abuse.	May include one or more of the following Level 1 treatment options: One or more individual counseling sessions with the FAR, FAS or FAP case manager. Two to four age appropriate psycho-educational sessions to remediate lapses in parenting skills/knowledge or situational contributions, e.g., effective management of children's behavior, child development, financial planning, stress management, crisis intervention.	Counseling session with immediate supervisor. Notification of next level of command about the incident by immediate supervisor. Non-career threatening persuasive measures.

This matrix is designed to be a guide for the Case Review Committee in determining the severity of child abuse/neglect incidents and making appropriate recommendations to commands on clinical and administrative interventions. Commands retain the ultimate responsibility and prerogative in all FAP cases.

MATRIX OF GUIDELINES FOR DEGREES OF CHILD ABUSE AND RELATED CLINICAL & ADMINISTRATIVE INTERVENTIONS

Degree of Abuse	Intent of Rehabilitation & Sanctions	Clinical Rehabilitation	Administrative Sanctions or Command Intervention Options
2nd Degree This degree is identified by a pattern of low-level abuse/neglect by the offender, with no history of more extreme abuse with this or other children. Physical Abuse: Includes hair pulling (no hair removal), slapping, yanking, and corporal punishment applied in such a way that the point of body contact is not controlled. One or more incidents resulting in minor injuries (e.g., soreness, minor bruising, and scratches) that are generally localized on the body. Injuries are unlikely to require medical attention. Emotional Abuse: Occasional belittling or other nonphysical forms of overtly hostile or rejecting behavior. Exposure of the child to frightening activities, including intermittent incidents of abuse to others in the home not resulting in injury. Sexual Abuse: No history of sexual behavior directed toward the child. Limited to indirect, inappropriate (neglectful) exposure to sexual material/conversation. Neglect: Lack of supervision, inadequate safety measures, or lack of basic needs that places a child at risk of some discomfort and/or distress. However, actual/potential harm to the child is unlikely to result in a need for medical attention. Offender acknowledges family problems with little understanding or acceptance of responsibility. Non-offending caretaker is at least minimally supportive of the child and protective. **RISK:** Many risk factors are rated moderately low or lower. Some probability of recurrence exists, but resulting harm of any severity is unlikely. Some FAP intervention is appropriate for these cases. Few of these cases will be designated FINS.	At this degree, the abuse could escalate if the offender does not make a sincere effort in rehabilitation efforts. Sanctions should be non-career threatening for service members who fully participate in treatment. Intervention is geared toward correcting the offender's developing pattern of abuse.	May include one of more of the following Level I treatment options: Six or more individually tailored counseling sessions with the FAR, FAS, or FAP case manager. 6 to 12 week group for the offender and non-offending parent, including anger management and/or parenting training. Treatment options listed for 1st degree incidents. Optional support services, group or individual, for the victim. Voluntary psycho-educational or support services for the non-offending caretaker. A 90 day follow-up with the family (including victim and non-offending caretaker) to determine if any other abusive incidents have occurred.	Immediate supervisor directly monitors service member's progress in rehabilitation efforts. Counseling sessions with Division Officer or Department Head. Adverse service record entry or NJP may be appropriate if the service member does not comply with or successfully meet treatment requirements.

MATRIX OF GUIDELINES FOR DEGREES OF CHILD ABUSE AND RELATED CLINICAL & ADMINISTRATIVE INTERVENTIONS

Degree of Abuse	Intent of Rehabilitation & Sanctions	Clinical Rehabilitation	Administrative Sanctions or Command Intervention Options
3rd Degree This degree is characterized by a pattern of moderate-level abuse/neglect by the offender. The offender may have (1) a prior substantiated child abuse case (by military or civilian authorities), and (2) prior participation or opportunity for participation in a rehabilitation program. Physical Abuse: Physically aggressive behavior that may include hair pulling (with hair removal), hitting, biting, forceful twisting or yanking of child's body parts. One or more incidents resulting in injury such as burns, cuts, bruises, abrasions on the torso or facial area, which are significant but may not require medical attention. These minor injuries may be widespread over the child's body. Emotional Abuse: A pattern of shaming or ridiculing behavior toward the child for showing normal emotions and/or developmentally appropriate behavior. The parent refuses to engage in child-focused activities. The child witnesses intermittent incidents of violence to others in the home resulting in minor injury to the victim of the abuse. Sexual Abuse: Not applicable. Neglect: A lack of supervision or safety measures that places a child at risk of significant cumulative harm or harm that may require medical attention. Hazards in the home place the child at risk of significant ham. Failure to provide medical care for conditions that should usually receive treatment. Cases at this and higher degrees of abuse should **NOT** be classified FINS and thorough safety and risk assessment should be conducted. **RISK:** Significant risk of future abuse exists and a range of resulting harm is present. Most factors are rated moderate or lower. Family functioning may be inadequate on an intermittent, rather than chronic, basis.	At this degree of abuse, the offender has crossed a threshold and a combination of sanctions that constitute punishment and rehabilitation is an advisable response. There is a tacit assumption that an offender at this level who continues to use abusive behavior will warrant further administrative action or even separation if not receptive to rehabilitation efforts.	May include one or more of the following Level II treatment options: Specialized individual or group therapy focusing on inadequacies in the offender's parenting skills/beliefs, child abuse standards, effective behavior management, good parenting practices, child development, historical abuse/parenting models, and other issues relevant to the offender's needs. Specialized couples' therapy focusing upon child management strategies within the family and issues of adequate protection. (**NOTE:** Not appropriate in families with concomitant spouse abuse). Professional evaluation of victim to determine treatment needs. Support services, group or individual, for the victim. Voluntary support services, group and individual, for the non-offending caretaker. Family therapy, focusing upon systemic issues, may be appropriate, after offender-related issues have been addressed. 30 day follow-ups for 3 months (90 days) after all treatment is over to determine any recurrence of abuse. The victim and non-offending caretaker should specifically be assessed. Level I treatments may be provided as appropriate, but should not be considered an adequate substitute for Level II interventions that specifically target the offender's abusive parenting practices and personal dynamics of abuse.	Adverse entry into the service member's record may be appropriate if the service member fails to comply with or successfully meet treatment requirements. Immediate supervisor monitors service member's progress monthly through the completion of FAP involvement and notifies the next level of command. A wide latitude of NJP can accommodate varying degrees of assessed abuse.

MATRIX OF GUIDELINES FOR DEGREES OF CHILD ABUSE AND RELATED CLINICAL & ADMINISTRATIVE INTERVENTIONS

Degree of Abuse	Intent of Rehabilitation & Sanctions	Clinical Rehabilitation	Administrative Sanctions or Command Intervention Options
4th Degree This degree is characterized by a pattern of high level abuse by the offender, involving one or more incidents that caused serious injury or harm to the victim. The offender's amenability to treatment does not reduce the need for increased sanctions at this level. Physical Abuse: One or more incidents of physically aggressive behavior resulting in serious injury that will probably require medical intervention. The behaviors exhibited clearly fall outside the limits of socially accepted corporal punishment. May include burns on the face or abdomen, cuts or bruises on the neck and shoulder, cuts requiring suturing, or broken bones. Injuries may be in various stages of healing and widespread over the body. Emotional Abuse: Frequent, systematic and/or extreme berating, humiliation, or derogation. Instigation of scapegoating by all family members. The child witnesses frequent, severe family violence resulting in significant injury to another family member or extreme intimidation tactics including cruelty toward or threats to kill loved ones, the victim, or pets. Sexual Abuse: Any non-aggressive sexual behavior toward a child including employment, use, inducement, enticements of any child to engage or assist in explicit sexual conduct. Neglect: One or more incidents of lack of supervision, inadequate conditions in the home or failure to meet basic needs that would place a child at risk of serious harm requiring medical attention. Failure to provide treatment for a serious illness or injury. **RISK:** Substantial risk of future abuse and resulting harm exists. Risk factors are generally rated moderate or moderately high. These case should remain open and flagged until clear behavioral improvement can be documented. Significant clinical and/or administrative intervention is necessary to decrease risk to the family.	Risk of abuse/neglect involving serious harm to the victim increases dramatically at this degree of abuse. Sanctions are needed to deter further abuse and also reflect the Navy's intent to protect the child and other family members. A critical task at this level is to determine the service member's suitability for continued service. Rehabilitation is warranted to protect victims. Rehabilitation at this degree should be more intensive, include other family members, and continue over a longer period of time.	Includes the highest Level II treatment intervention offered by Navy FAP. Specialized, intensive individual or group treatment focusing on personal accountability, standards of child abuse, appropriate behavior management, child development, historical abuse/parenting models, general anger management, and other issues relevant to the offender's needs. Specialized sex offender treatment (if appropriate and approved by the CHNAVPERS). Professional evaluation of the victim and other children (witnesses) to determine treatment needs. Support services, group or individual, for the victim and child witnesses. Voluntary support services, individual or group, with the non-offending caretaker. Progress sessions with the FAP case manager monthly through the end of all treatment. 30 day follow-ups (including victim, non-offending caretaker and child witnesses) for 6 months after all treatment to determine if other abusive incidents have occurred.	Issuance of a MPO or restriction of the active duty offender to the barracks as needed for victim protection. Command coordination with and support of local CPS decisions, as facilitated by the FAR. CRC to flag case. Immediate supervisor monitors service member's progress every 15 days through completion of FAP involvement and notifies the next level of command. Formal letter of reprimand. NJP/courts martial. Civilian/military prosecution. Administrative separation processing (mandated for substantiated sexual abuse cases).

MATRIX OF GUIDELINES FOR DEGREES OF CHILD ABUSE AND RELATED CLINICAL & ADMINISTRATIVE INTERVENTIONS

Degree of Abuse	Intent of Rehabilitation & Sanctions	Clinical Rehabilitation	Administrative Sanctions or Command Intervention Options
5th Degree This degree is identified by a pattern of felony level abuse by the offender. Some of these offenders may be generally assaultive, targeting a variety of victims. Physical Abuse: One or more incidents of assaultive behavior that is life threatening or inflicts major injury, permanent disfigurement, loss of body functions, substantial effect upon subsequent development, or death. This may or may not involve use of dangerous weapons. Emotional Abuse: Not applicable. Sexual Abuse: Any coerced (physically or verbally), aggressive or sadistic sexual behavior toward a child. Resulting physical injury may require medical care. Neglect: Chronic lack of supervision or substandard conditions in the home that place a child at risk of imminent, life-threatening harm. Failure to provide medical care for critical and/or life-threatening medical conditions that do not arise from abuse. **RISK:** These cases pose the most danger and have the greatest likelihood of future abuse with possible lethality. Most factors are rated high or moderately high. Obvious risks of a chronic nature are present. These cases will be flagged and strongly recommended for administrative/legal action. Significant, long-term intervention and/or community controls are needed to decrease risk.	Due to the very high risk of harm to all involved in this degree of abuse, safety considerations are paramount. Command actions should look to punish and most likely discharge service member, while simultaneously protecting victim and family. Physical abuse of this magnitude may be a red flag that the offender is a danger to other family members. A close examination of all supporting security, NCIS, MTF, FAP and other documents is appropriate.	None available from Navy FAP for the offender. The prognosis for successful rehabilitation is very guarded. Punitive actions, environmental controls and safety measures will be most effective in preventing further abuse. Professional evaluation, individual and/or group therapy with child victims or witnesses. Voluntary support services, individual or group, with the non-offending caretaker.	Issuance of a MPO as needed for protection of all victims in the family. Issuance of a CRO (overseas or isolated duty stations). Restriction of the active duty offender to the barracks. CRC to flag case. Very close coordination with and support of local CPS decisions, as facilitated by the FAR. Pre-trial detention. Prosecution under civilian and/or military court system. Administrative separation processing (mandated for substantiated sexual abuse cases).